

OMEGA RECOVERY FACILITY INSPECTION REPORT

DATE: 11-30-91 INSPECTOR: Colbert Solomon SUPERVISOR: _____

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS:

Lights needed in this drive

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use.

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf Unsatisf

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

Emergency Buttons need Repair
Walkie Talkies are gone
Rubber Boots in short supply

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Tank #1 has corrosion

✓	✓
✓	✓
✓	✓
✓	✓
✓	✓
✓	✓
✓	✓
✓	✓

Waste Storage Tank	Waste Type	Volume/Amount
1	Plum waste	4800
2	Plum waste	4800
3	Plum waste	4800
4	Plum waste	4500
5	Plum waste	4000

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C		
D		
E		
F		

Comments:

Process Tanks Material Type Stored Volume/Amount

Satisf	Unsatisf
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

Satisf	Unsatisf
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<i>0</i>	<i>0</i>
Fat Jack	<i>0</i>	<i>0</i>
Craig	<i>12-11</i>	<i>1200</i>
Kirk	<i>TF</i>	<i>400</i>
Patrick	<i>6000</i>	<i>6000</i>
Paul	<i>TF</i>	<i>350</i>
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Comments:

everything is down

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

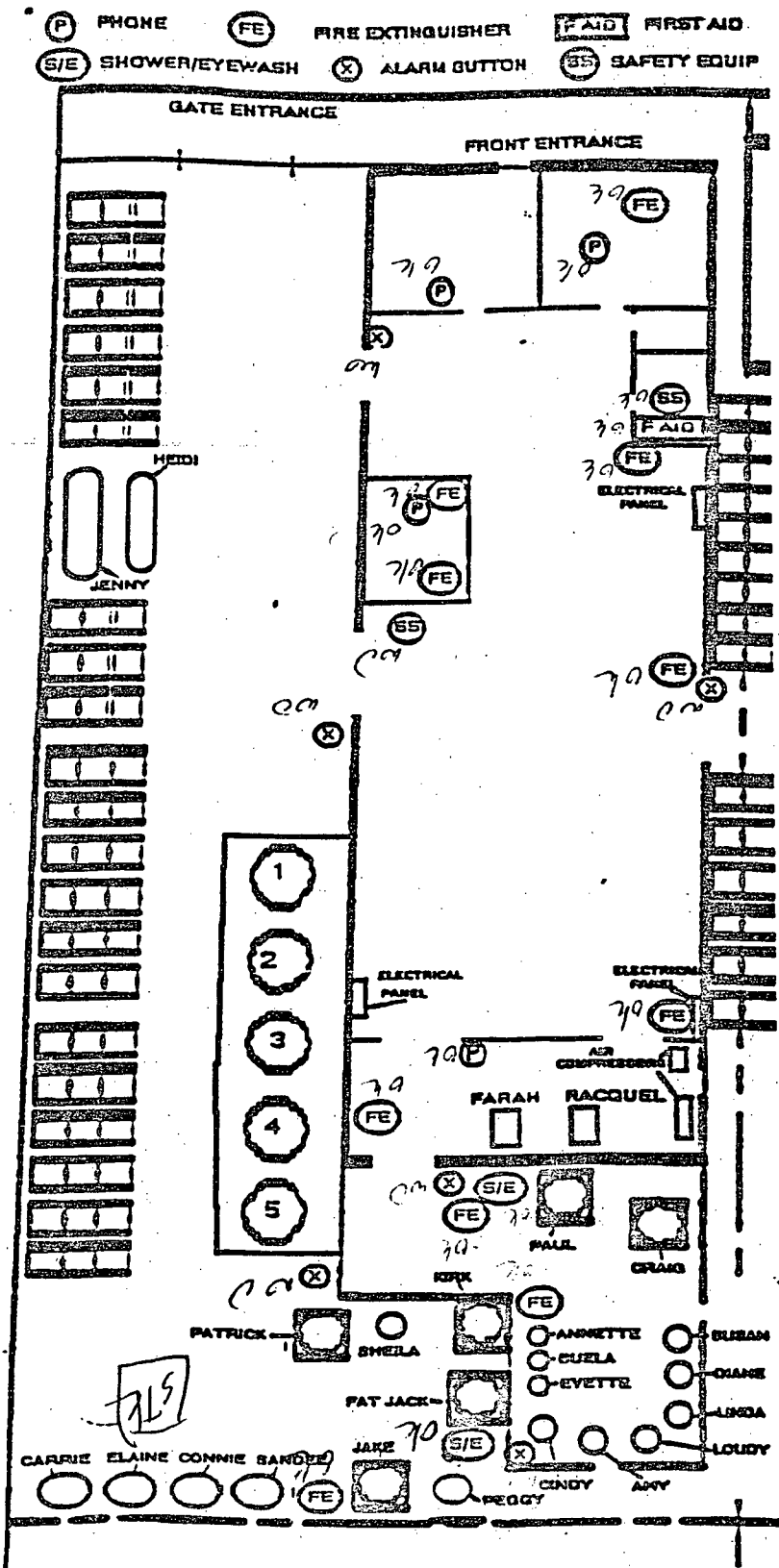
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

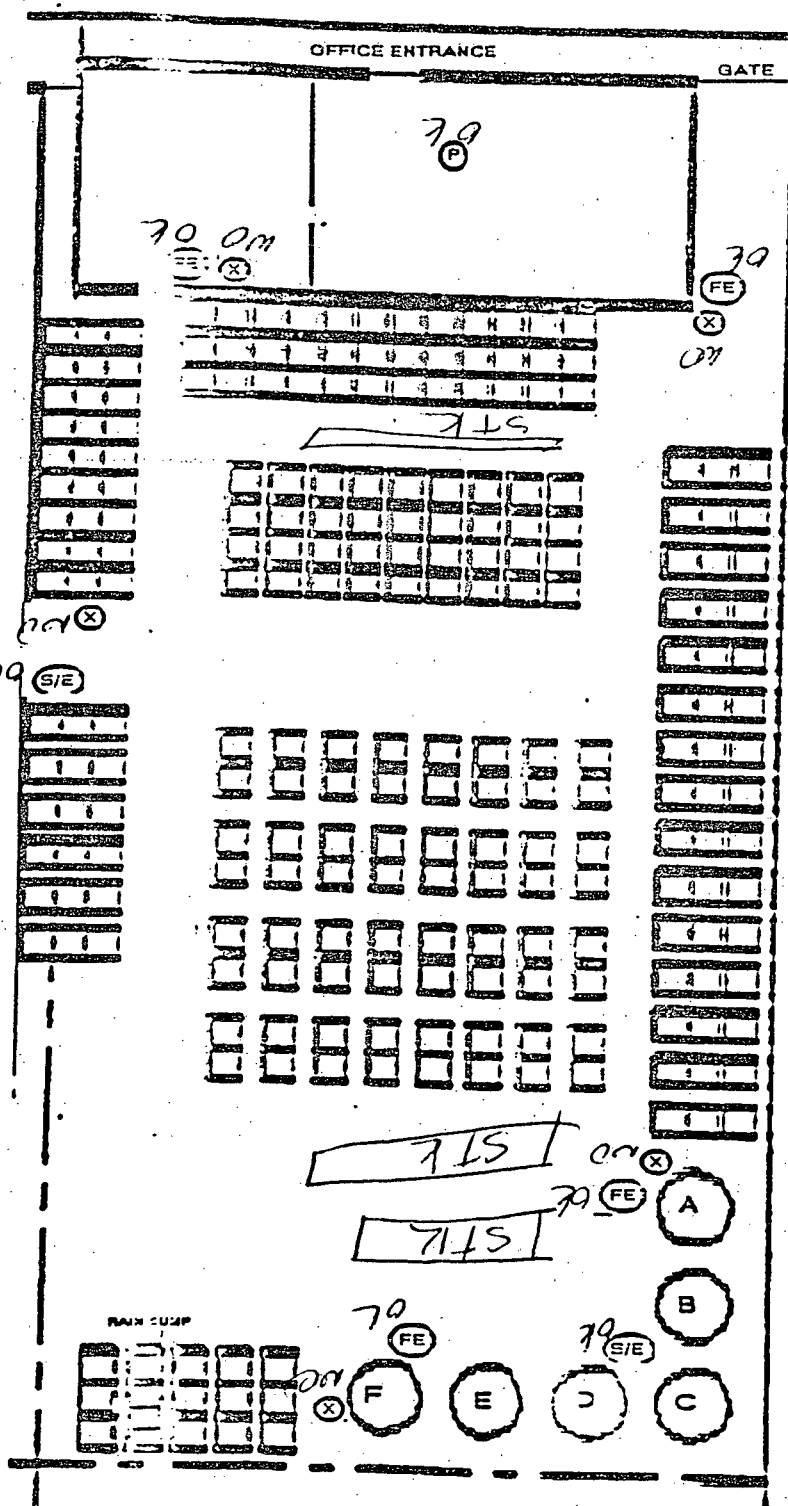
ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: *[Signature]* Date: *11-30-91* Time: *10:00*





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OMEGA RECOVERY FACILITY INSPECTION REPORT

DATE: 11-29-01 INSPECTOR: C. Hunt SUPERVISOR: Solomon

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

lights needed in driveway

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use.

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

*Buttons need to be replaced
walkie talkies gone, more
rubber boots needed*

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Check all tanks for corrosion on top

Waste Storage Tank	Waste Type	Volume/Amount
1	<i>Plum waste</i>	<i>4800</i>
2	<i>Plum waste</i>	<i>4800</i>
3	<i>Plum waste</i>	<i>800</i>
4	<i>Plum waste</i>	<i>4500</i>
5	<i>Plum waste</i>	<i>4000</i>

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	<i>unlabeled</i>	
D	<i>unlabeled</i>	
E	<i>unlabeled</i>	
F	<i>unlabeled</i>	

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

Sandee	Still Bottoms	150
Connie	Still Bottoms	2000
Elaine	12 G	1500
Came	AAA Perc	1200
Shiela	0	0
Peggy	0	0
Amy	0	0
Cindy	110	1000
Amy	0	0
Linda	Perc	350
Loudy	Perc	150
Diane	6000	6000
Susan	6000	6000
Farran	TE	300
Racquel	0	0
Annette	R-11	500
Evetta	R-11	500
Buela	R-11	500
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<i>2</i>	<i>2</i>
Fat Jack	<i>2</i>	<i>2</i>
Craig	<i>211</i>	<i>300 Gals</i>
Kirk	<i>TF</i>	<i>400</i>
Patrick	<i>TF</i>	<i>300 Gals</i>
Paul	<i>TF</i>	<i>350</i>
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Are any pumps leaking or malfunctioning

Are all the units operating according to procedures

Is any equipment in need of repair.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

any leaks on column

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

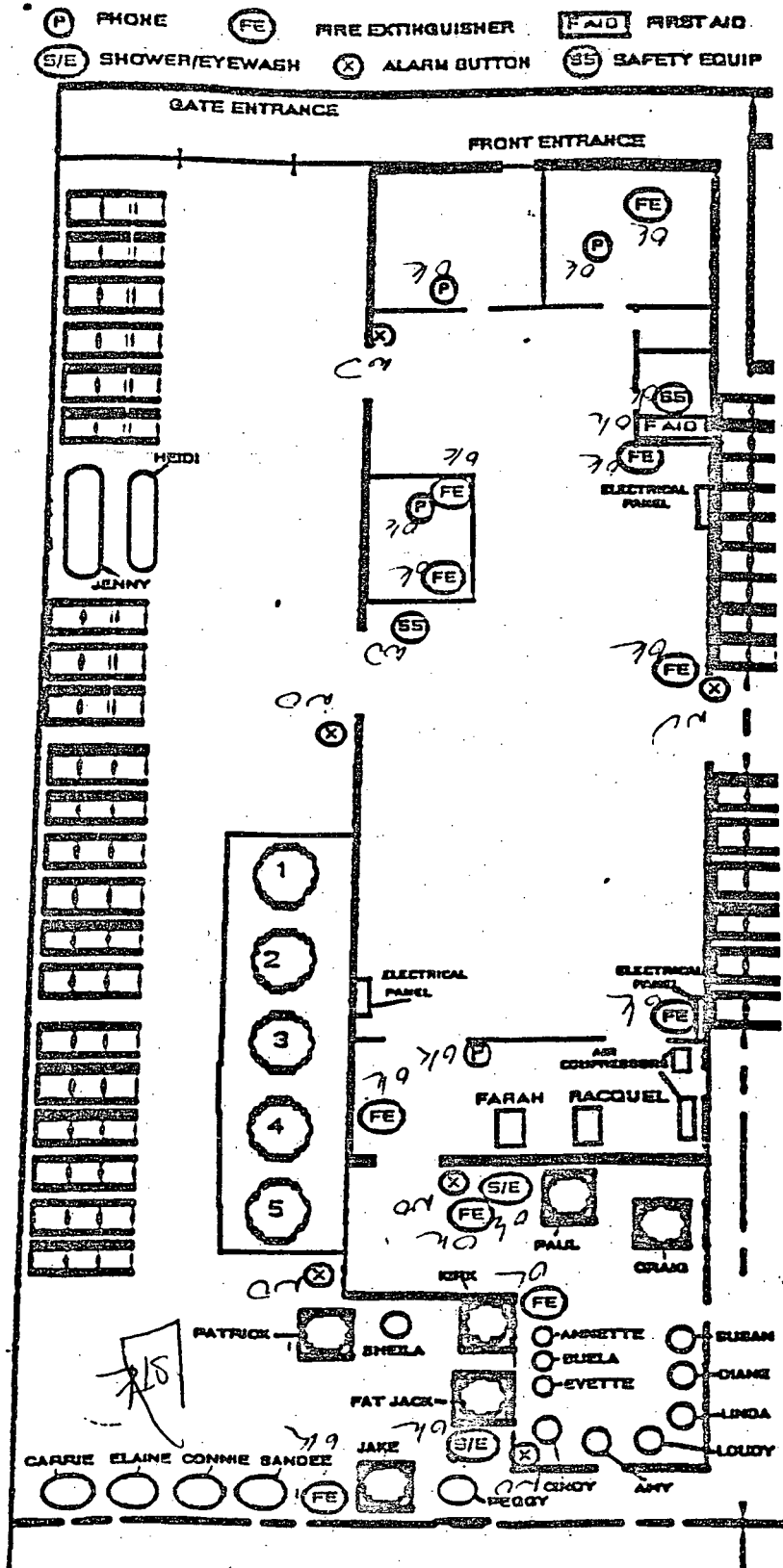
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

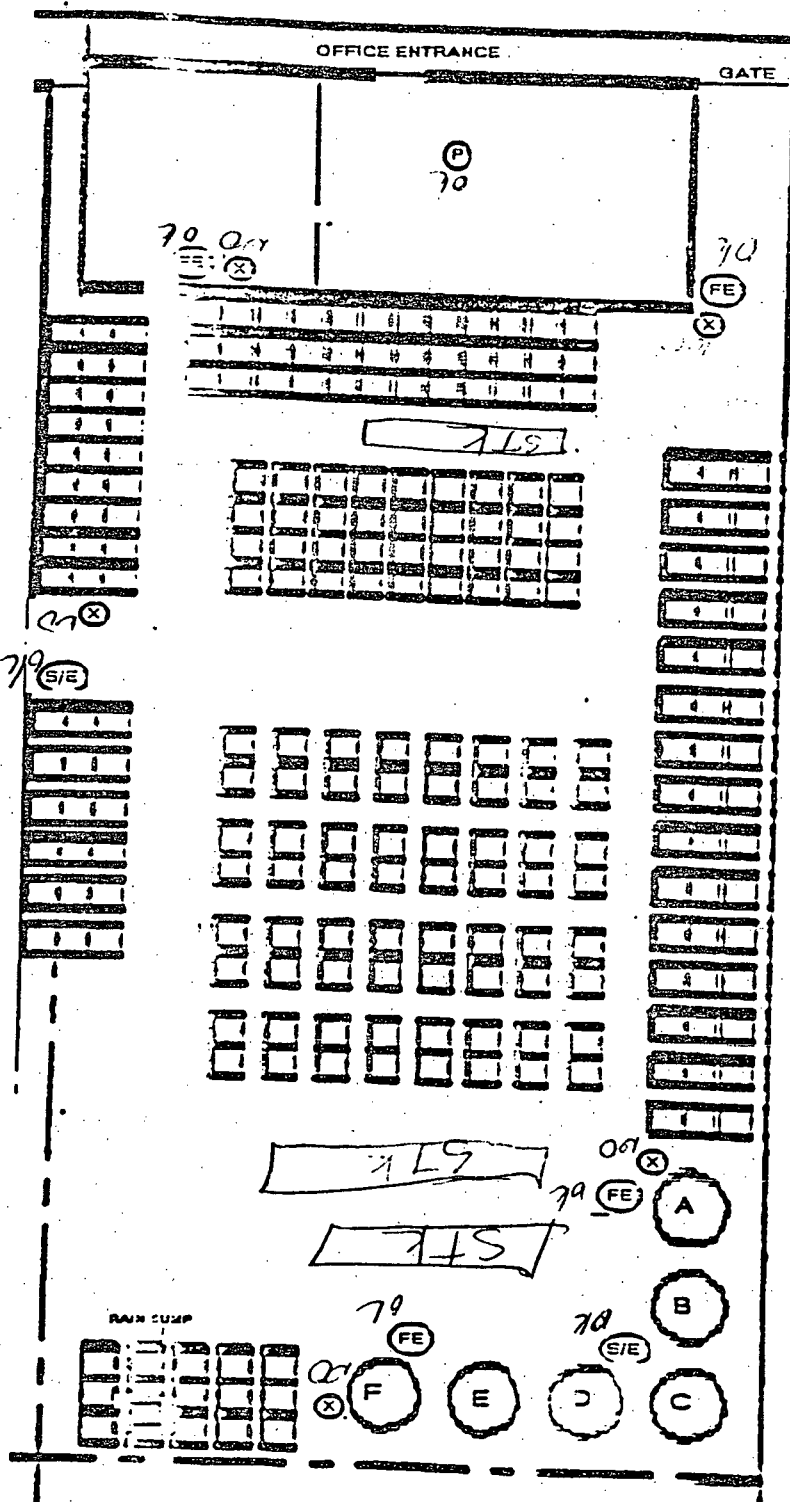
ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: *[Signature]* Date: *11-29-94* Time: *10:20*





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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-28-91 INSPECTOR: Juan del Real SUPERVISOR:

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf	Unsatisf
Are all entrances and gates closed or controlled.	✓	
Is there any trash or equipment (gloves) unattended or in wrong location.	✓	
Are all the operational personnel properly attired and protected.	✓	
Do any operation personnel have defective safety equipment-	✓	
Personal Respirators	✓	
Safety Glasses	✓	
Gloves	✓	
Are all the tools and equipment in the proper area	✓	
Are any aisles blocked.	✓	
All warning signs are in place and visible	✓	
Are all outdoor and indoor lights in working order.	✓	
Are all fences have warning signs	✓	
Are all fences in good order	✓	
Is there any accumulation of water in any sumps (greater than one inch)	✓	
Are there any spills in the loading and unloading area.	✓	

COMMENTS:

Everything is under control

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use.

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf	Unsatisf
✓	
✓	
✓	

Satisf	Unsatisf
✓	

Need order more hydrometers

Satisf	Unsatisf
✓	

Satisf	Unsatisf
✓	

Satisf	Unsatisf
✓	

Satisf	Unsatisf
✓	
✓	
✓	

OR
04

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-28-91 INSPECTOR: Juan del Real SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf	Unsatisf
<input type="checkbox"/>	<input checked="" type="checkbox"/>

EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

WALKIE TALKIES

Are they all in operable condition.

Satisf	Unsatisf
<input type="checkbox"/>	<input checked="" type="checkbox"/>

EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Emergency System Needs To be Fix
Need order WALKIE TALKIES

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

on dock is crack on the ground by Paul

OR

04

7-11-71

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11 28-91 INSPECTOR: Juan del Real SUPERVISOR: G.S

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
/	
/	
/	
/	
/	
/	
/	
/	
/	

Waste Storage Tank	Waste Type	Volume/Amount
1	FIAM WASTE	4800
2	" "	4300
3	" "	1500
4	" "	4800
5	" "	4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	mt	
B	mt	
C	mt	
D	mt	
E	mt need to be rinsed	
F	Etch water	4000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
---------------	----------------------	---------------

OR

04

27-77

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-28-91 INSPECTOR: Juan del Real SUPERVISOR:

Sandee	MC, Perc or 111 ?	150
Connie	Still Bottoms	X2000=
Elaine	water from cyndy	1200
Carrie	AAD PERC	1700
Shiela	MT	
Peggy	MT	
Amy	MT	
Cindy	etch water	1000
Amy	MT	
Linda	FLEX	150
Loudy	111 or PERC ?	150
Diane	MT	
Susan	MT	
Farrar	MT	
Racquel	MT	
Annett	MT	
Evente	MT	
Buel	MT	
Jer	MT	
	MT	

ments:

PORT EQUIPMENT

- Pressure Gauge (85 psig)
- Temperature Gauge (325 °F)
- AIR COMPRESSOR Monitor and Record
- Line Pressure Gauge (120 psig)
- Oil Level
- Temperature Gauge (170 °F)
- Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OR

04

2007-11-14

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-28-91 INSPECTOR: Juan del Real SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake		
Fat Jack		
Craig		
Kirk		
Patrick		
Paul	TF RETURN	
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

need c-10 seals for pumps

All remedial action shall be documented showing:

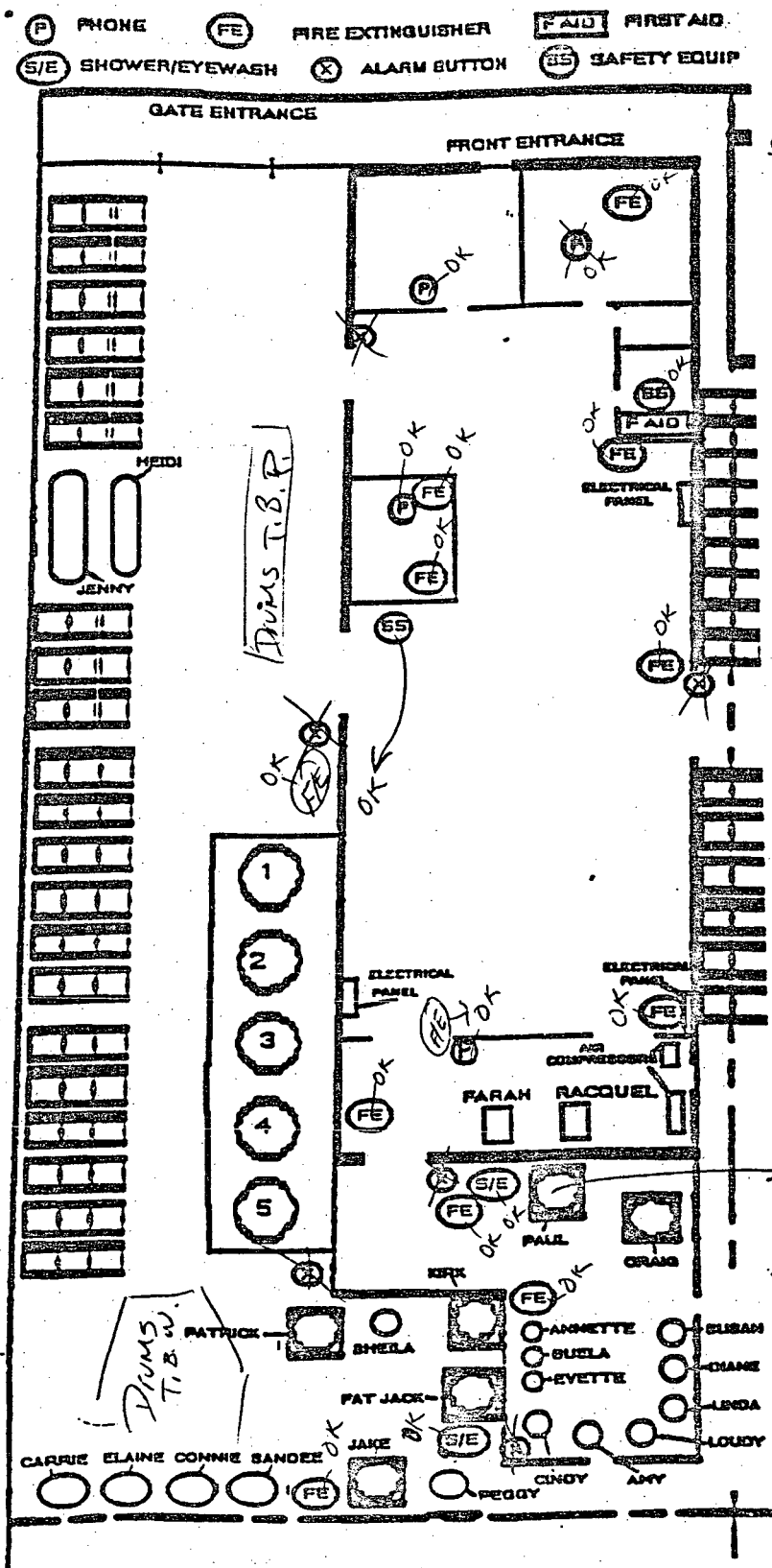
1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____



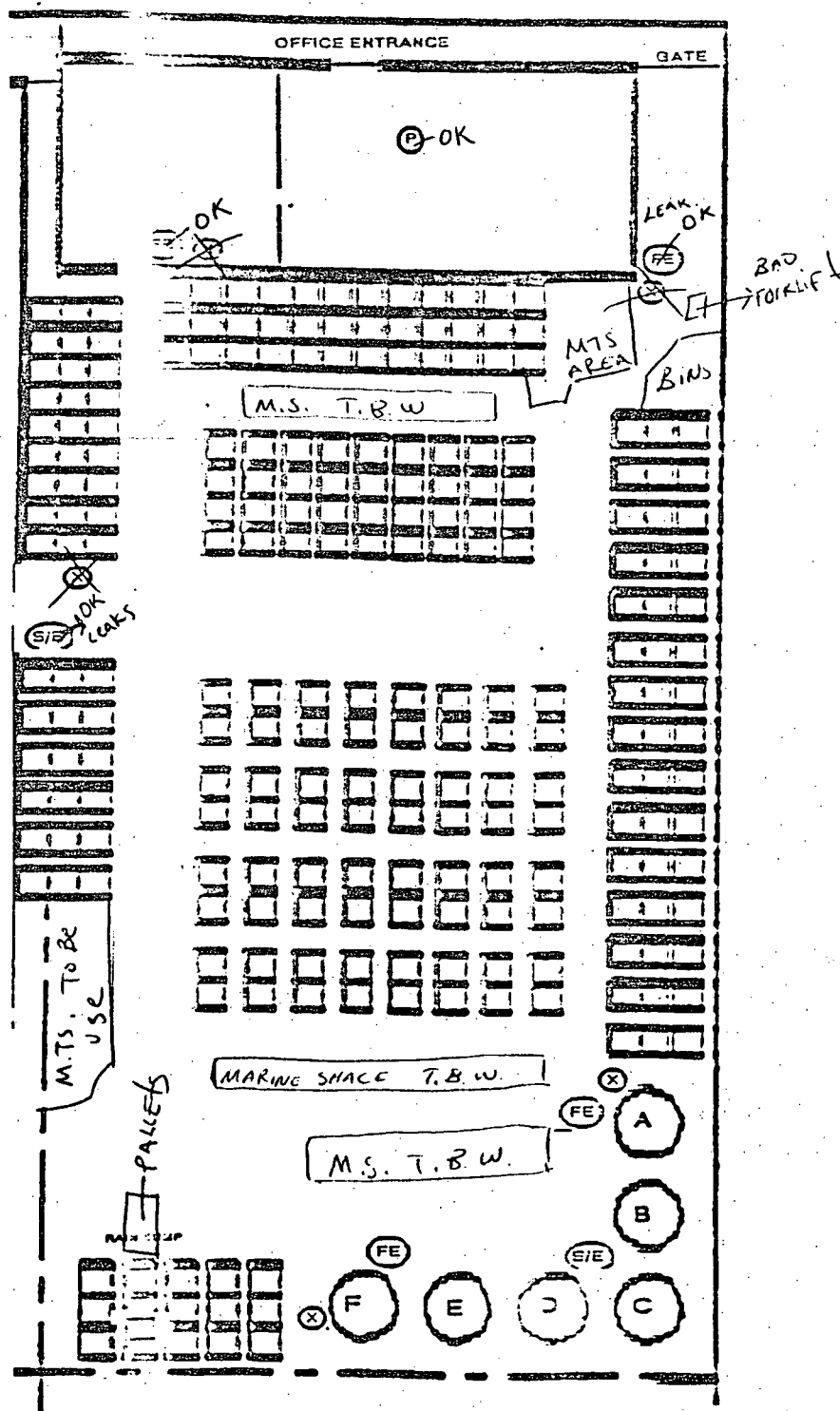
Some Flaps

Paul
warming up
TF Lib.

CR

04

07-70



OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-27-91 INSPECTOR: Juan del Real SUPERVISOR:

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak.
- Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satf.	Unsatisf.
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satf.	Unsatisf.
<input checked="" type="checkbox"/>	<input type="checkbox"/>

need Hydrometers

Satf.	Unsatisf.
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satf.	Unsatisf.
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satf.	Unsatisf.
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satf.	Unsatisf.
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-27-91 INSPECTOR: Juan del Real SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

✓	
✓	
✓	
✓	

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

✓	
---	--

EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

✓	✓
---	---

EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

	✓
--	---

EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

✓	
---	--

WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

	✓
--	---

EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

✓	
---	--

✓	
---	--

✓	
---	--

Comments:

2 Eye wash Showers Leak

Emergency System out of order

No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Comments:

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-27-91 INSPECTOR: Juan del Real SUPERVISOR: 7

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Waste Storage Tank	Waste Type	Volume/Amount
1	FLAM waste	4800
2	Flam waste	3500
3	Flam waste	1200
4	Flam waste	4800
5	Flam waste	4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C		
D		
E	oil + water	1000
F	etch water	5000

Comments:

Process Tanks Material Type Stored Volume/Amount

OR

04

000000

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-27-91 INSPECTOR: Juan del Real SUPERVISOR: _____

Sandee	11.1 ?	120
Connie	Still Bottoms	1900
Elaine	H2O from Cindy	1400
Carrie	AAD PERC	1700
Shiela	MT	
Peggy	MT	
Amy	MT	
Cindy	Etch water	1000
Amy	MT	
Linda	120 FLEX	170
Loudy	120 PERC ?	150
Diane	MT	
Susan	MT	
Farrah	MT	
Racquel	MT	
Annette	MT	
Evette	MT	
Buela	MT	
Jenny	MT	
Heidi	MT	

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-27-91 INSPECTOR: Juan dd Real SUPERVISOR:

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake		
Fat Jack		
Craig		
Kirk		
Patrick		
Paul	PAUL TF/Lb	
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

need c-10 seals for pumps

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

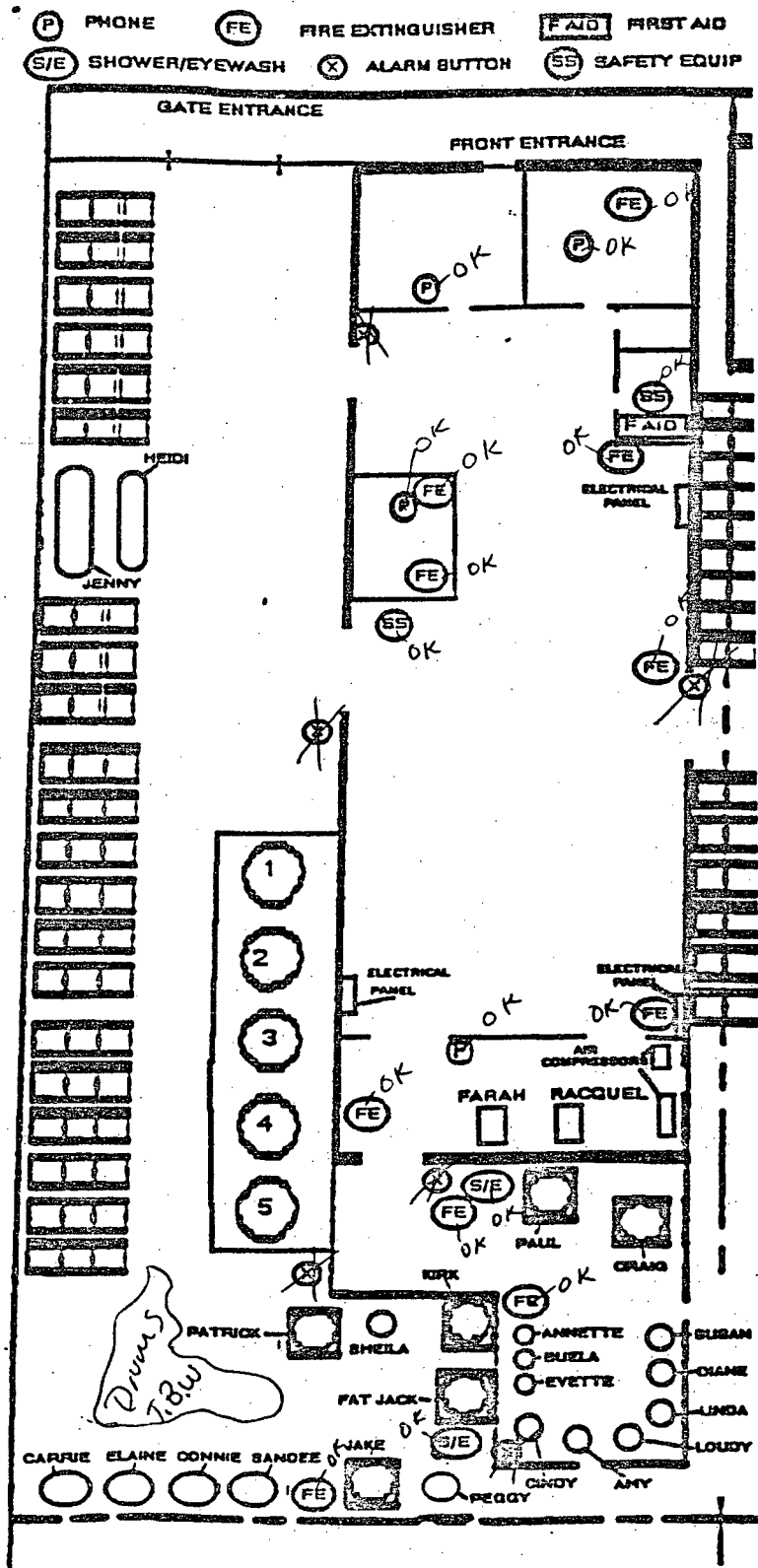
Are there are areas or things that can be done to improve safety.
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: Date: Time:

OR

04

077777

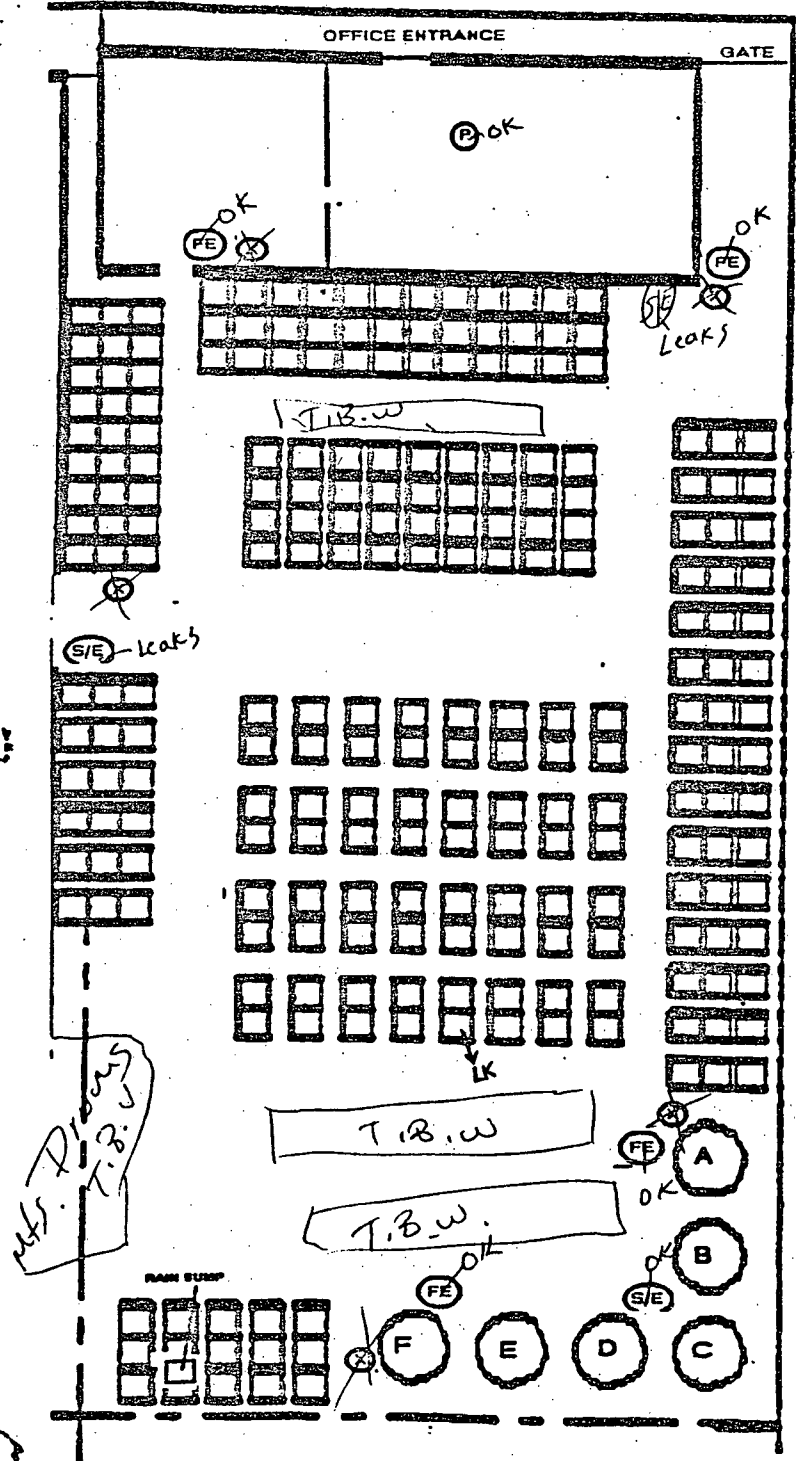


OR

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C R

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2000-04-15

11

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-26-11 INSPECTOR: Gilbert S. Brown SUPERVISOR: [Signature]

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS:

need more lights in this drive
way

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak.
- Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Satisf	Unsatisf
<input type="checkbox"/>	<input checked="" type="checkbox"/>

more
hydroponics

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Drums started by 10,000's
temporarily

CF

04

77777777

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank #1 has corrosion

Waste Storage Tank	Waste Type	Volume/Amount
1	Flammable waste	4,800
2	Flammable waste	1,700
3	Flammable waste	1,000
4	Flammable waste	4,800
5	Flammable waste	4,000

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	und	
D	und	
E	und	
F	und	5000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
---------------	----------------------	---------------

CE

04

07/11/11

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

Sandee	111	120 GALS
Connie	Still Bottom	2000 GALS
Elaine	112	1000 GALS
Carrie	AAD Perc	1700 GALS
Shiela	empty	empty
Peggy	empty	empty
Amy	empty	empty
Cindy	112	1000
Amy	empty	empty
Linda	Flex	200 GALS
Loudy	empty	empty
Diane	Perc	150 GALS
Susan	empty	150
Farran	empty	empty
Racquel	empty	empty
Annette	R-11	1/3
Evette	R-11	1/4
Buela	R-11	1/2
Jenny	empty	empty
Heidi	empty	empty

Comments: _____

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OR

04

20070100

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	empty	empty
Fat Jack	empty	empty
Craig	R-11	400 GALS
Kirk	TF	350 GALS
Patrick	Gowse	Gowse
Paul	TF	200 GALS
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

2-10 pumps need seals, Craig & Kirk need to be fixed

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

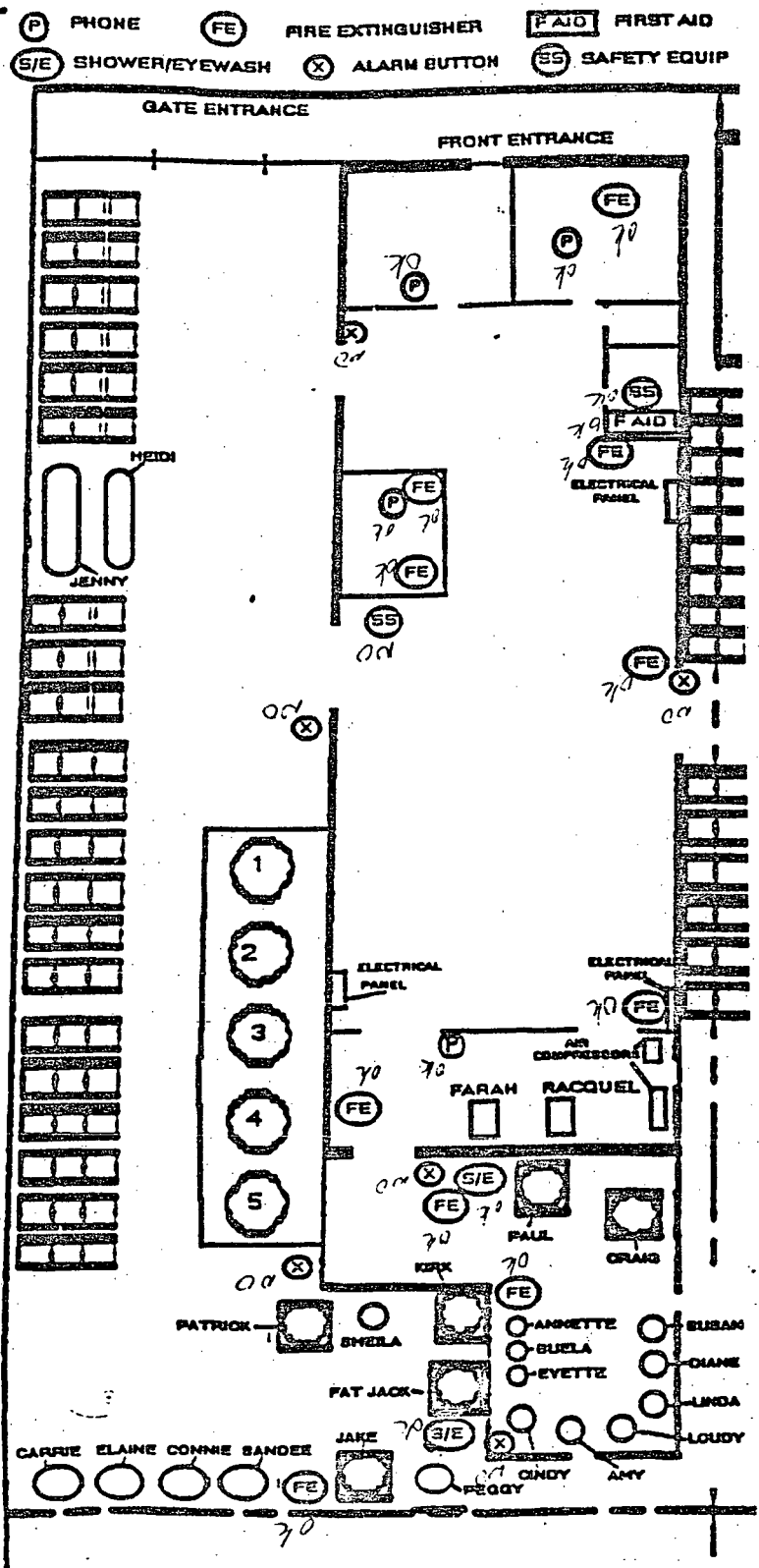
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

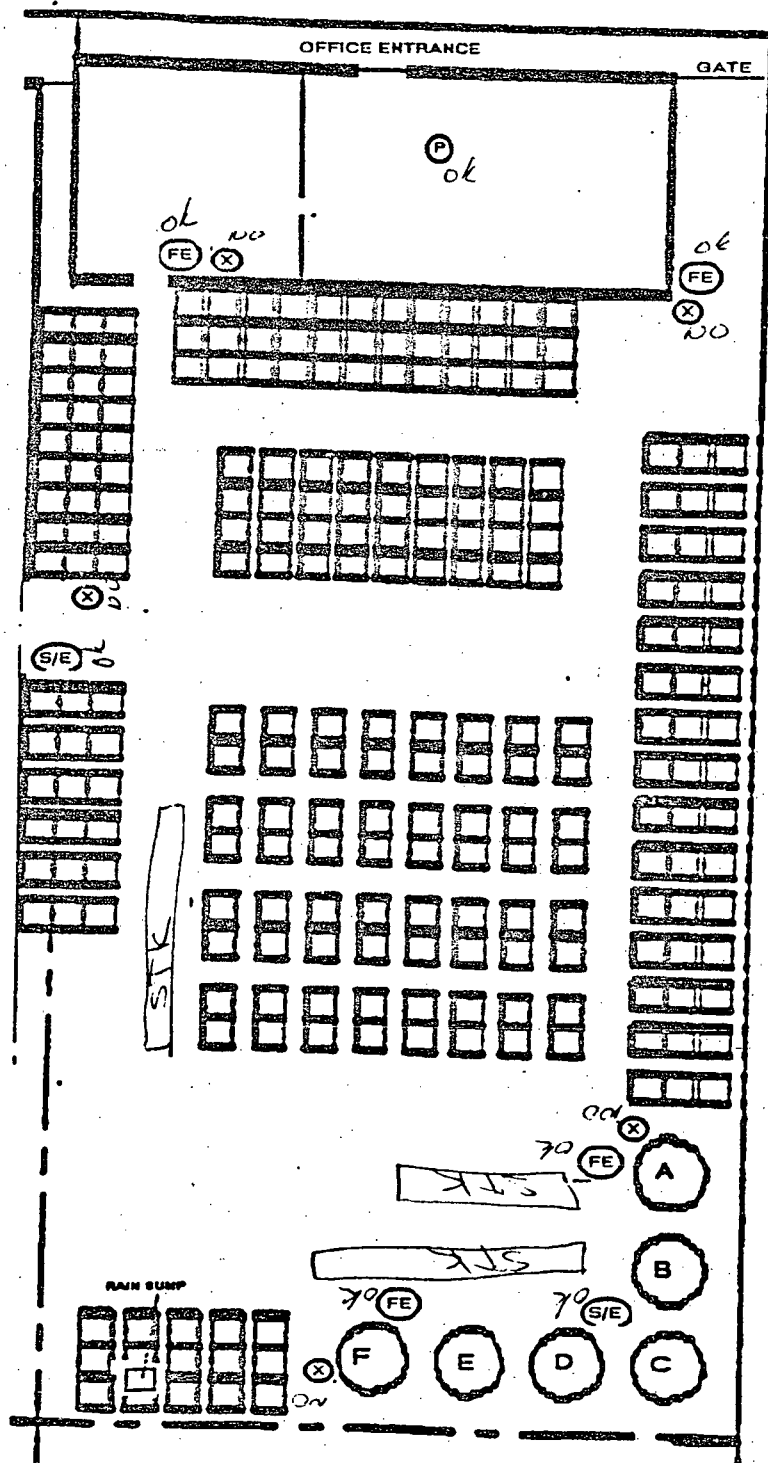
Supervisor: Gilbert A. Salmeron Date: 11-26-97 Time: 11:00 Am

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NUMERON





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5

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-25-91

INSPECTOR: JEAN HACTE

SUPERVISOR: 78

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

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7
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7
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7

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf _____ Unsatisf _____

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Waste Storage Tank	Waste Type	Volume/Amount
1	FLAM Liquid	4.800
2	FLAM Liquid	1.000
3	FLAM Liquid	5.000
4	FLAM Liquid	4.800
5	FLAM Liquid	4.800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	med	
D	med	
E	med	
F	H ₂ O	6.000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

Sandee	1/1/11 6.6 40	120
Connie	17/11 3000	2,000
Elaine	H ₂ O	1,400
Carrie	1/20 100	1,700
Shiela		
Peggy	Fluor. Liquid	750
Amy		
Cindy	H ₂ O	1,000
Amy		
Linda	FLY	200
Loudy		
Diane	100/11 3	150
Susan		
Farah		
Racquel		
Annette	R-11	1000
Evetta	R-11	Full
Buela	R-11	3000
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

- Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
Satisf	Unsatisf
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	_____	_____
Fat Jack	_____	_____
Craig	_____	_____
Kirk	TF	_____
Patrick	_____	_____
Paul	TF	_____
I	_____	_____

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Kirk is still in down

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

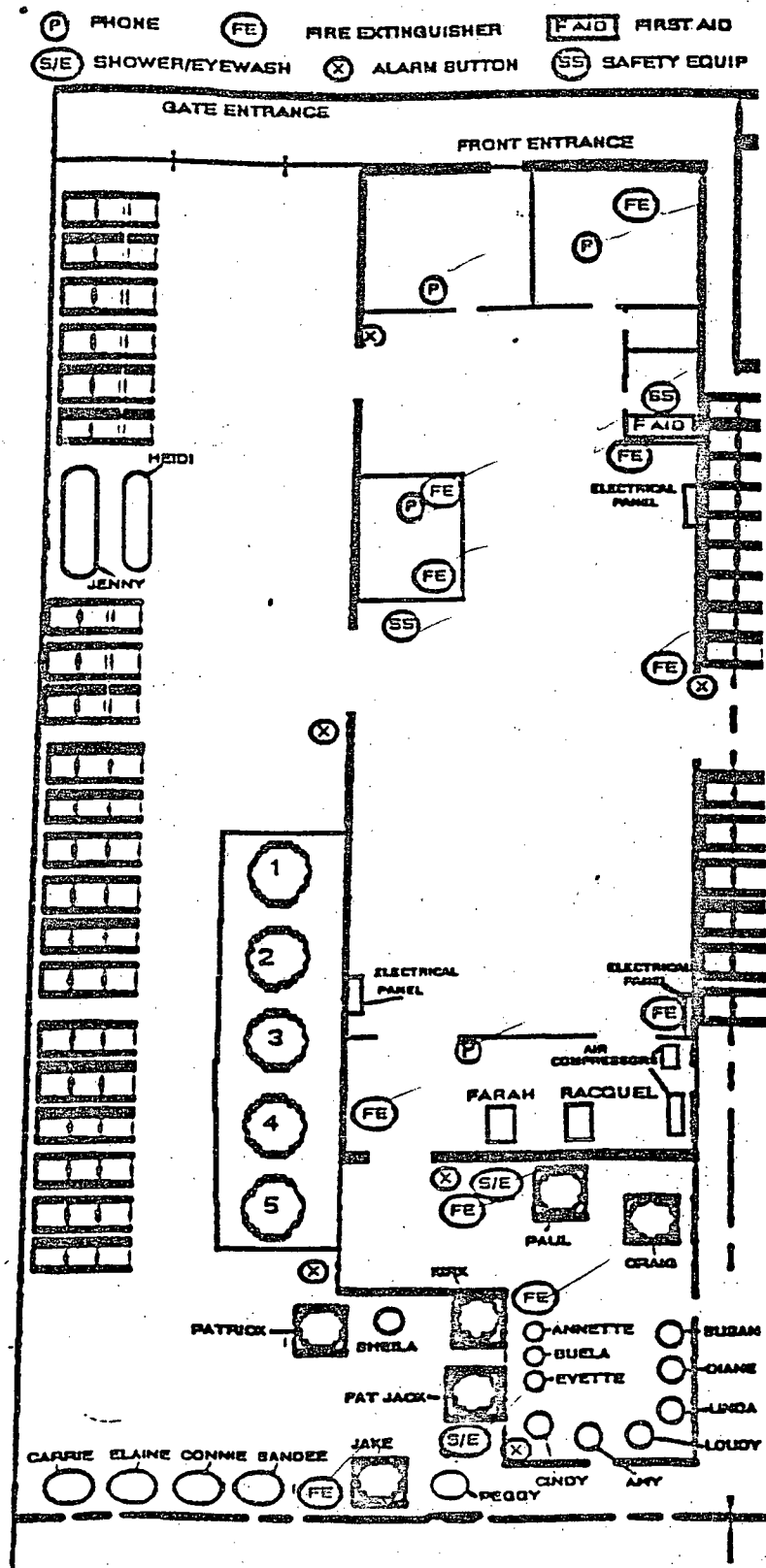
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

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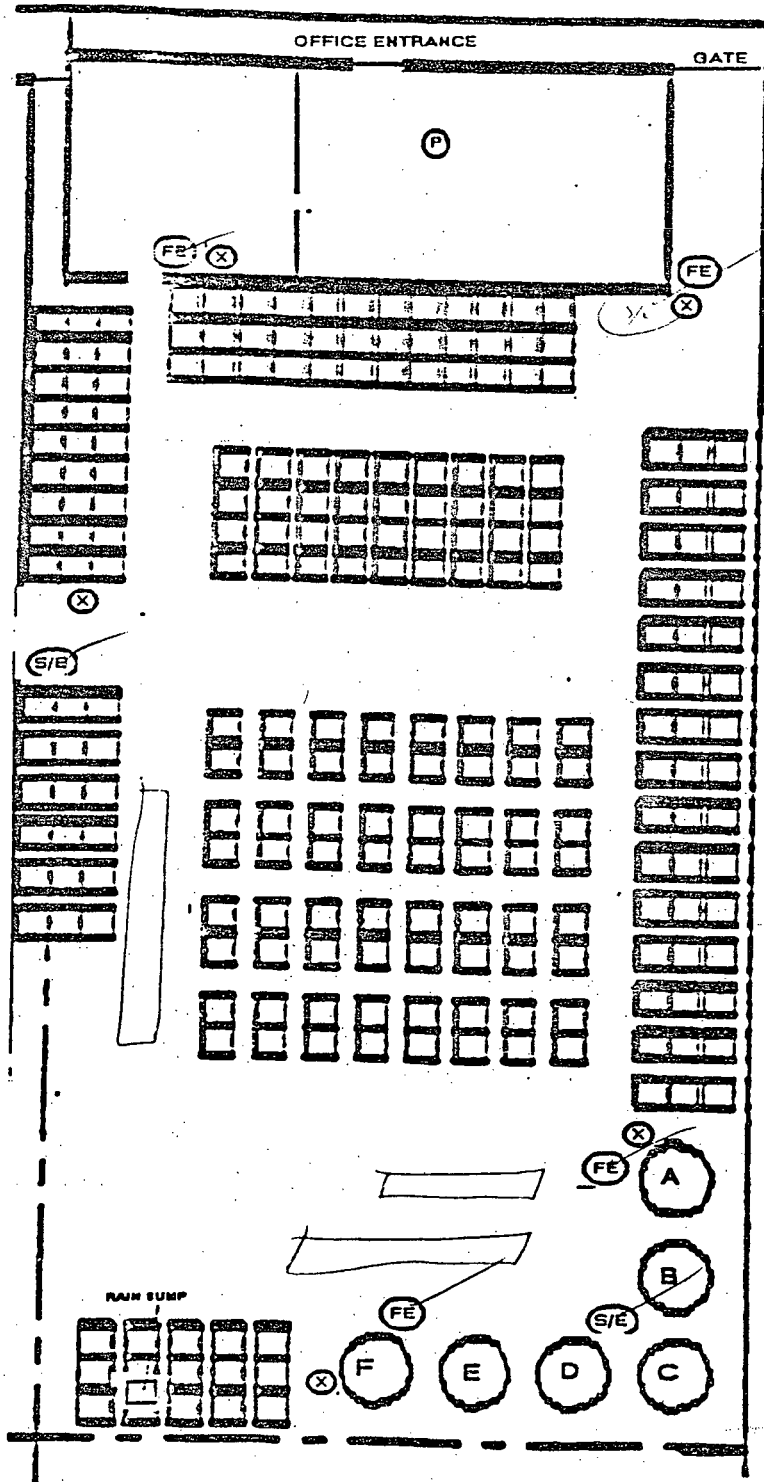
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-24-91 INSPECTOR: G. Hunt Sokolow SUPERVISOR: [Signature]

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any soils in the loading and unloading area.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS:

we need more lights

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Satisf. Unsatisf.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Need Hydrant

Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

~~Downs~~ stacked in front of 10000
But tank shouldn't be there

OR

04

27700

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank #1 has a little corrosion

Waste Storage Tank	Waste Type	Volume/Amount
1	Flam waste	4800
2	Flam waste	1000
3	Flam waste	1100
4	Flam waste	4800
5	Flam waste	4000

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	und	
D	und	
E	und	
F	und	6000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OR

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2000-11-11

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

Sandee	111	120
Connie	Still Bottoms	2000
Elaine	110	1400
Carrie	HAD Perc	1700
Shiela	---	---
Peggy	Flame 1.1 gals	750
Amy	---	---
Cindy	110	1000
Amy	---	---
Linda	Flex	200
Loudy	---	---
Diane	Perc	150
Susan	---	---
Farran	---	---
Racquel	---	---
Annette	R-11	100 th S
Events	R-11	R-11
Busta	R-11	300 th S
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Plum. Liquid	1750
Fat Jack	_____	_____
Craig	TF	300
Kirk	TF	300
Patrick	_____	_____
Paul	TF	300
I	_____	_____

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Craig & Kirk need to be fixed
Kirk's Pump needs seals

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

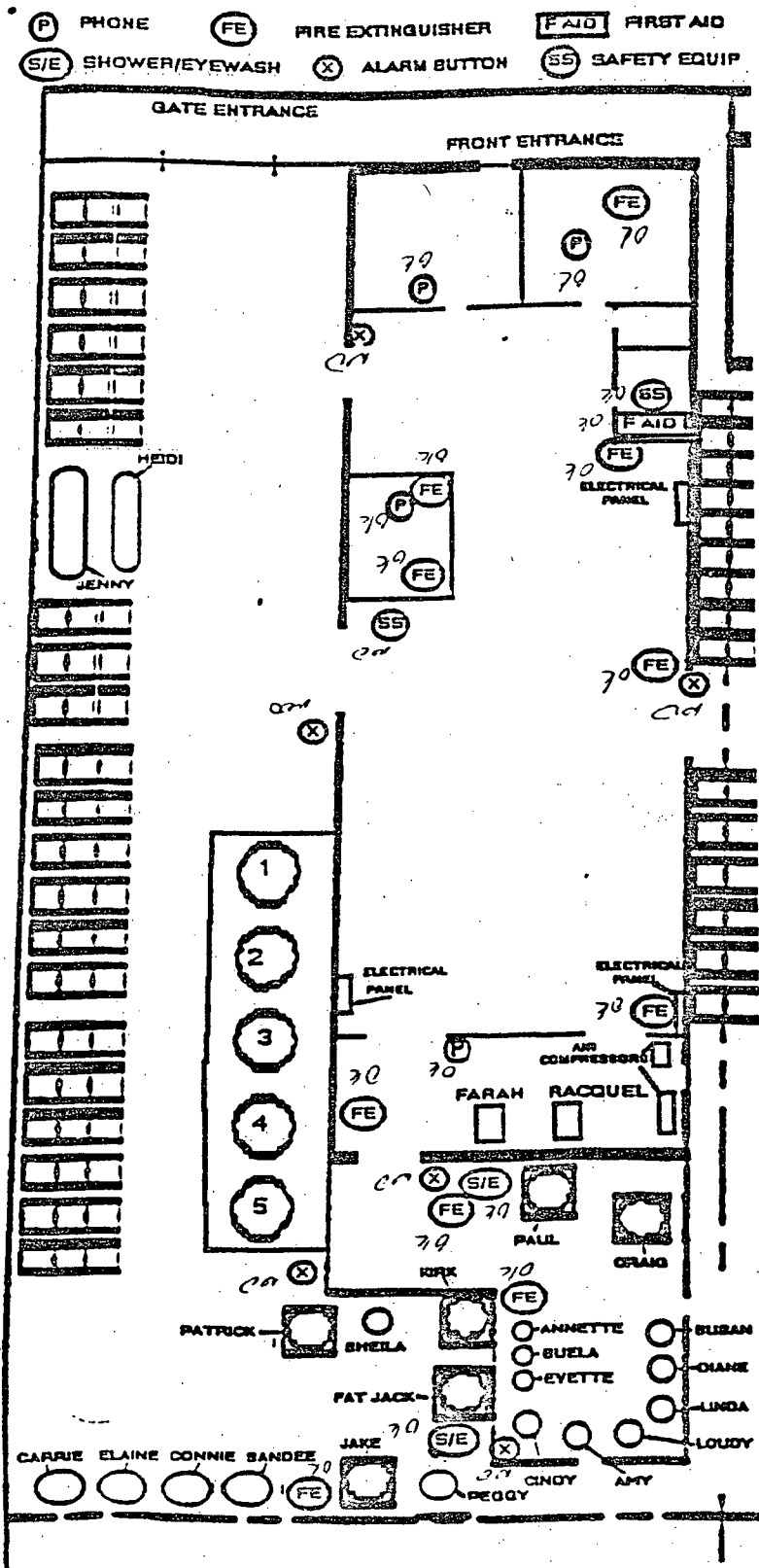
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: Robert J. Saper Date: 11-24-91 Time: 9:30 AM

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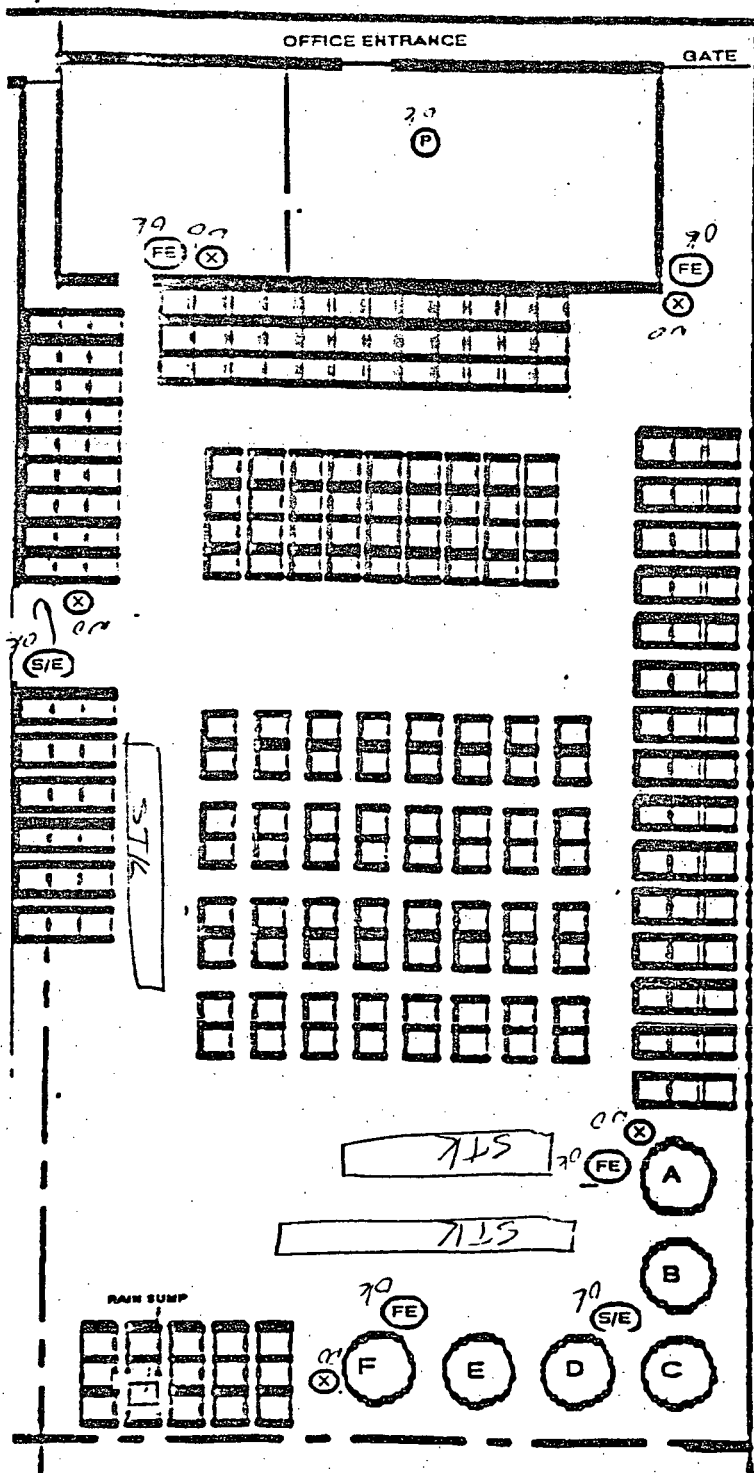
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-23-91 INSPECTOR: William S. S. S. SUPERVISOR: 74

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

need more lights

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the dike areas.

Could any of the dike areas leak.

Are the dike areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use.

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satf. Unsatisf.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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more hydrometers

Satf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

*Emergency Buttons in need of repair
walkie talkies are good, we need
more rubber boots*

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Un satisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their Identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and Identity of material in tanks is posted and correct.

Comments:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

-tank #1 has a little corrosion

Waste Storage Tank	Waste Type	Volume/Amount
1	<i>Flamm waste</i>	<i>4800</i>
2	<i>Flamm waste</i>	<i>2000</i>
3	<i>Flamm waste</i>	<i>1000</i>
4	<i>Flamm waste</i>	<i>4800</i>
5	<i>Flamm waste</i>	<i>4000</i>

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	<i>und</i>	
D	<i>und</i>	
E	<i>und</i>	
F	<i>und</i>	<i>5000</i>

Comments:

Process Tanks Material Type Stored Volume/Amount

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

Sandee	1111	120
Connie	Still Bottoms	2000
Elaine	110	1400
Carrie	1100 Perc	1700
Shiela	empty	empty
Peggy	Flam. Thru	750
Amy	empty	empty
Cindy	110	1000
Amy	—	—
Linda	Flex	200
Loudy	Acetone	3917
Diane	Perc	150
Susan	—	—
Farran		
Racquel		
Annette		
Evette		
Buela		
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Plasma	750
Fat Jack	Plasma	—
Craig	Plasma	—
Kirk	TF	350
Patrick	Gone	Gone
Paul	TF	300
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Craig & Kirk need to be fixed

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

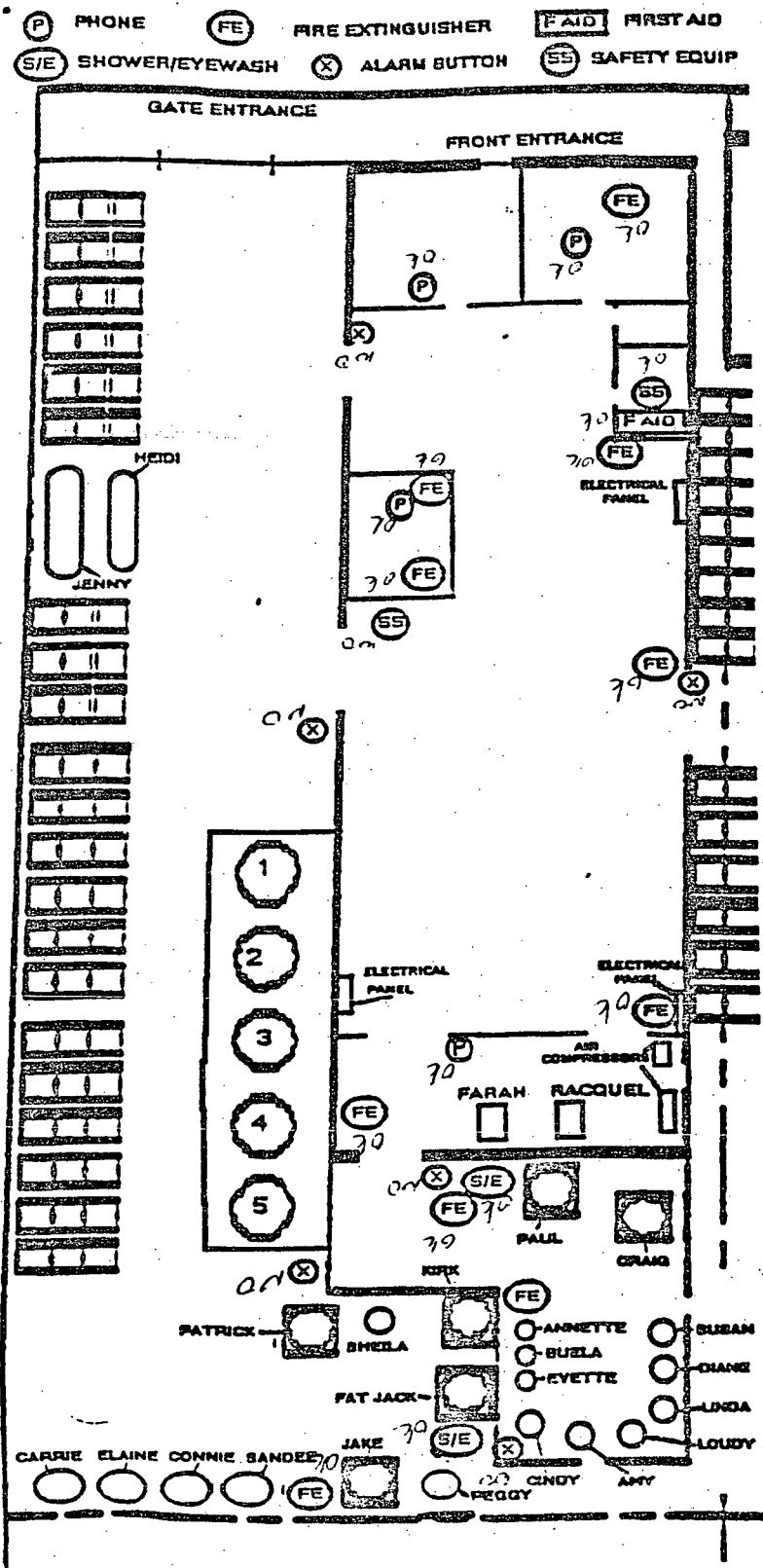
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

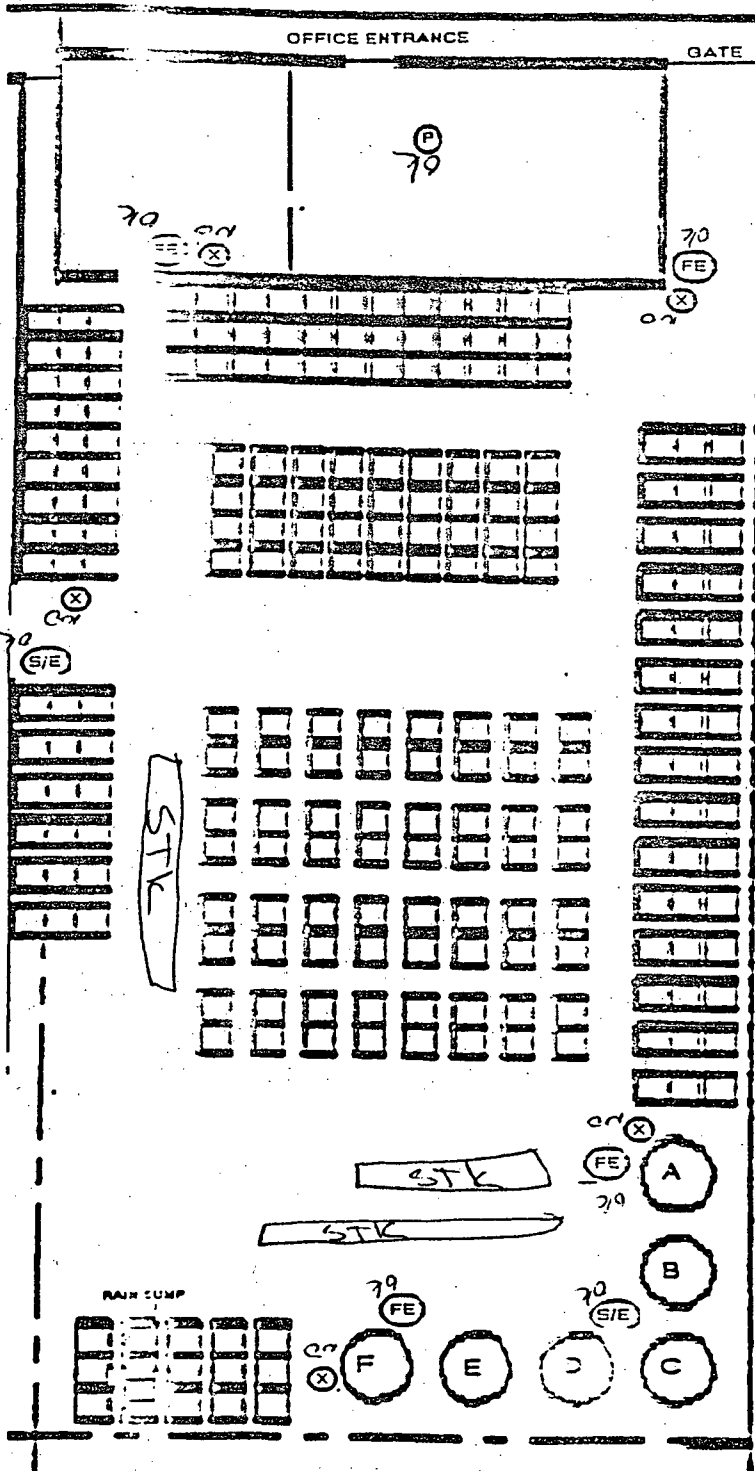
Supervisor: Gilbert Johnson Date: 11-23-91 Time: 8:00 AM



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Are the Fire Blankets available for use

OR

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-22-91 INSPECTOR: Juan del Real SUPERVISOR: GS

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf ☐ Unsatisf ☒

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf ☐ Unsatisf ☒

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Emergency system out of order

No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-22-91 INSPECTOR: Juan del Real SUPERVISOR: G.S.

TANKS

- On the plot map of the facility mark the locations of tanks that are the following:
- Identify any tanks that are leaking.
 - Identify any tanks that are improperly labeled.
 - Do all tanks have their Identification name and placards displayed.
 - Check all tanks for corrosion.
 - Are there any spills in the containment area of the tanks.
 - Check all valving and pipes for leaks.
 - Are the hoses stored in a proper manner.
 - Are the hoses and couplings in proper working order.
 - Volume and Identity of material in tanks is posted and correct.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Waste Storage Tank	Waste Type	Volume/Amount
1	FIAM WASTE	4800
2	"	1000
3	"	1000
4	"	4800
5	"	4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	mt	
B	mt	
C	mt	
D	mt	
E	mt	
F	Etch H ₂ O	6000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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04

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-22-91 INSPECTOR: Juan del Real SUPERVISOR: S.X.

Sandee	1.1.1. ?	
Connie	Still Bottoms	1900 =
Elaine	H ₂ O from cyndy	700
Carrie	AAO PERC	1700
Shiela	ACETONE	300
Peggy	FIAM. WASTE	600
Amy		
Cindy	H ₂ O	
Amy	MT	
Linda	FLEx	200
Loudy	ACETONE	JACK
Diane	PERC ?	
Susan	MT	
Farran	MT	
Racquel	MT	
Annette	MT	
Evette	MT	
Bueta	MT	
Jenny	MT	
Heidi	MT	

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Need replace oil seal
on the compressor

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-22-91 INSPECTOR: Juan del Real SUPERVISOR: GS

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake		
Fat Jack	ACETONE	350
Craig		
Kirk		
Patrick		
Paul	TF/111	250
I		

Are any pumps leaking or malfunctioning

Are all the units operating according to procedures

Is any equipment in need of repair.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Need C-10 Seals for pumps

All remedial action shall be documented showing:

- 1. What action was taken**
- 2. When the action was taken.**
- 3. Who performed the remedial action.**

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

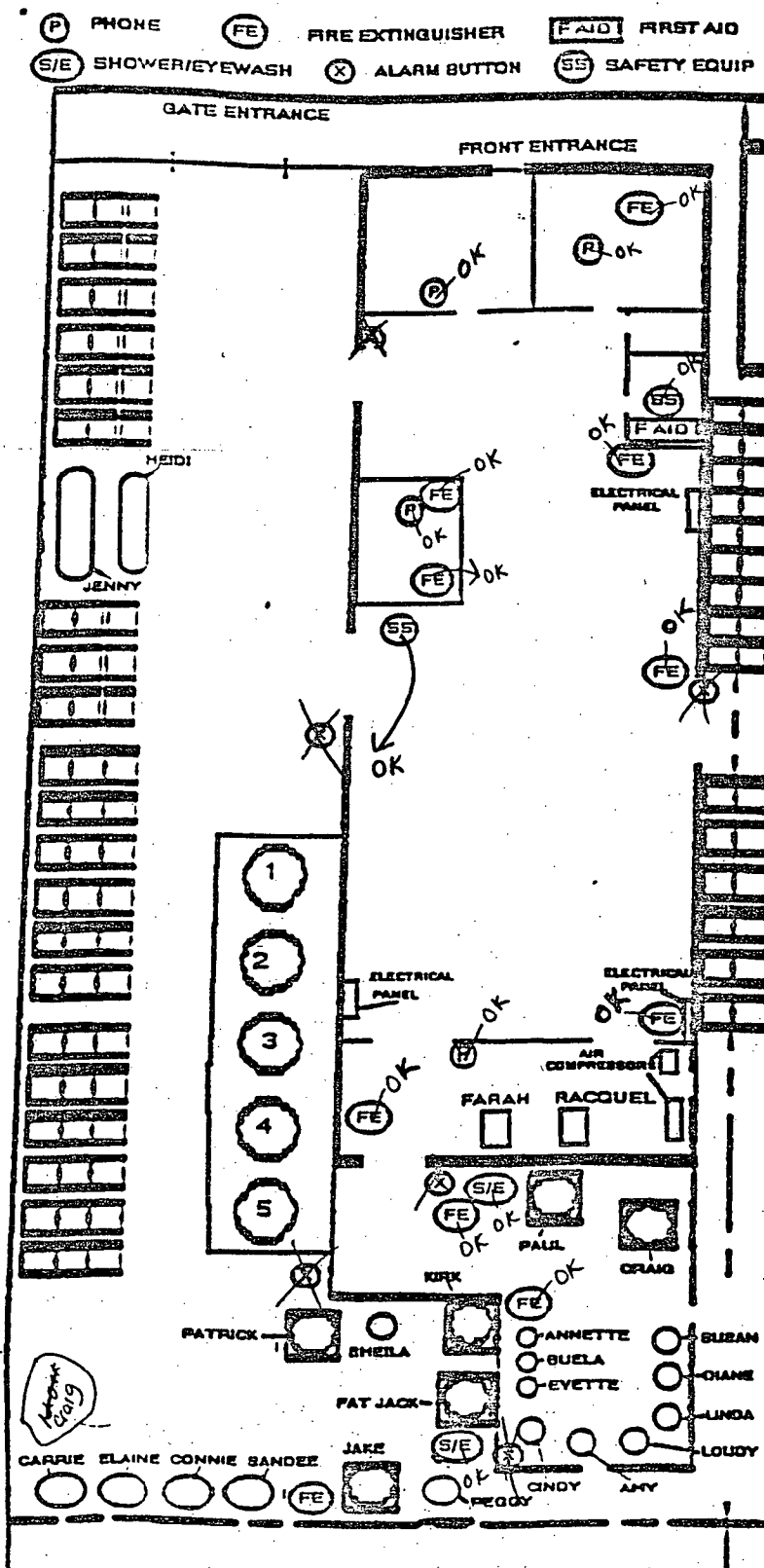
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

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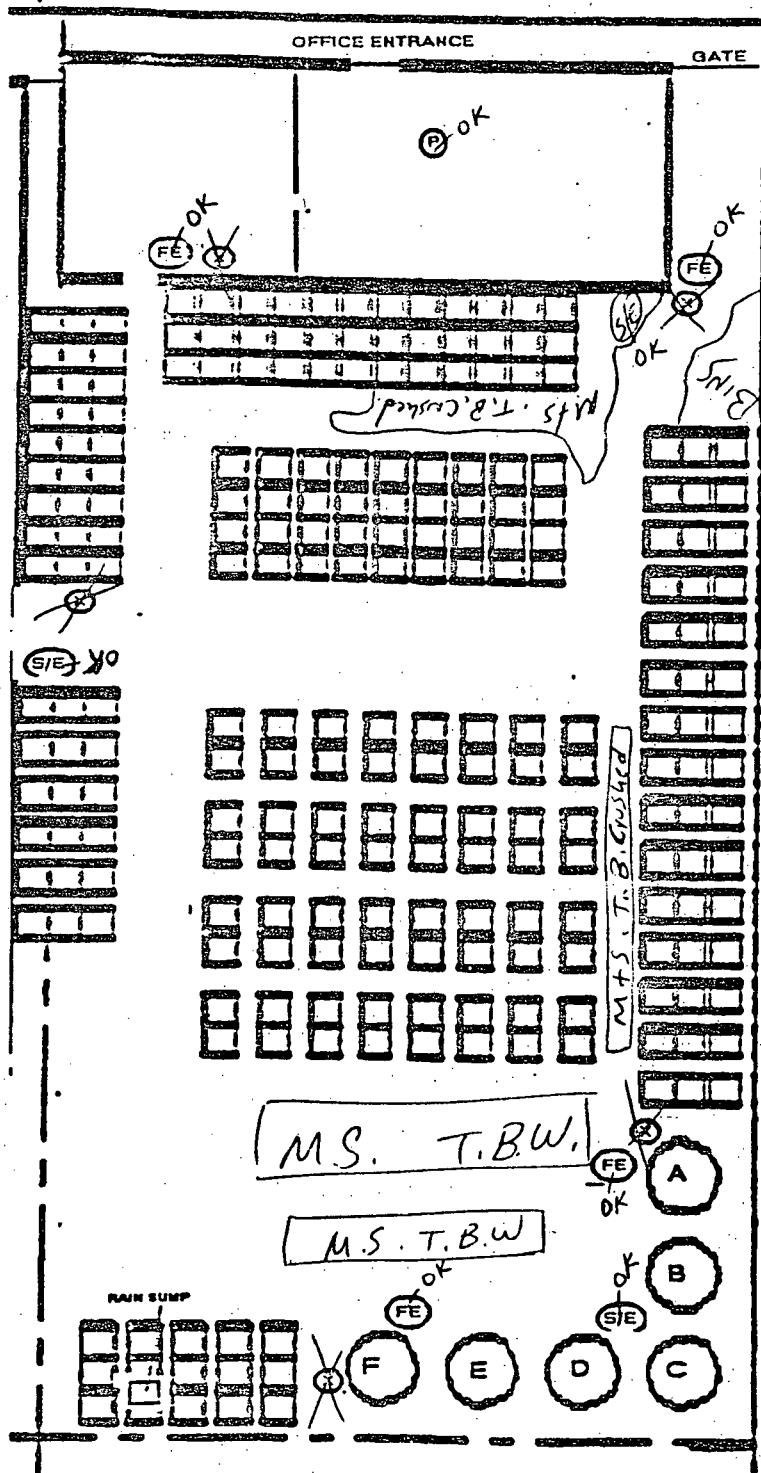
NUM 177



OF

04

NUMEROUS



SUPERVISOR: [Signature]

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	✓	
Is there any trash or equipment (gloves) unattended or in wrong location.	✓	
Are all the operational personnel properly attired and protected.	✓	
Do any operation personnel have defective safety equipment-	✓	
Personal Respirators	✓	
Safety Glasses	✓	
Gloves	✓	
Are all the tools and equipment in the proper area	✓	
Are any aisles blocked.	✓	
All warning signs are in place and visible	✓	
Are all outdoor and indoor lights in working order.	✓	
Are all fences have warning signs	✓	
Are all fences in good order	✓	
Is there any accumulation of water in any sumps (greater than one inch)	✓	
Are there any spills in the loading and unloading area.	✓	

COMMENTS:

need more lights for driveway

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.
Could any of the diked areas leak .
Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

Satisf	Unsatisf
	<input checked="" type="checkbox"/>

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

ABSORBENT.

Is there enough absorbent for emergency use

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECOVERY CONTAINERS

Is there an adequate supply

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf	Unsatisf
✓	✓
✓	✓
✓	✓

OR

04

2011

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank #1 is leaking & has corrosion on top

Waste Storage Tank	Waste Type	Volume/Amount
1	Flam	4500
2	Flam	500
3	Flam	1000
4	Flam	4800
5	Flam	4000

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	mud	
D	mud	
E	mud	
F	H ₂ O	6000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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CF

04

07/10/71

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____

INSPECTOR: _____

SUPERVISOR: _____

Sandee	111	140 g/L
Connie	Still Bottom	2000
Elaine	H ₂ O	700
Carrie	AAD Perc	1700
Shiela	Acc to spec	440
Peggy	Flex Lig	750
Amy	empty	0
Cindy	H ₂ O	1000
Amy	_____	_____
Linda	Flex 15 1/2	178 g/L
Loudy	111	10 g/L
Diane	111	25 g/L
Susan	Flex	10 g/L
Farran	empty	
Racquel	empty	
Annette	empty	
Eventte	empty	
Buela	empty	
Jenny	empty	
Heidi	empty	

Comments:

Air compressor is leaking oil

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flammable Liquid	750
Fat Jack	Acetone	440
Craig	empty	
Kirk	TF	300
Patrick	Gas	
Paul	111	100
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Kirk needs seals

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

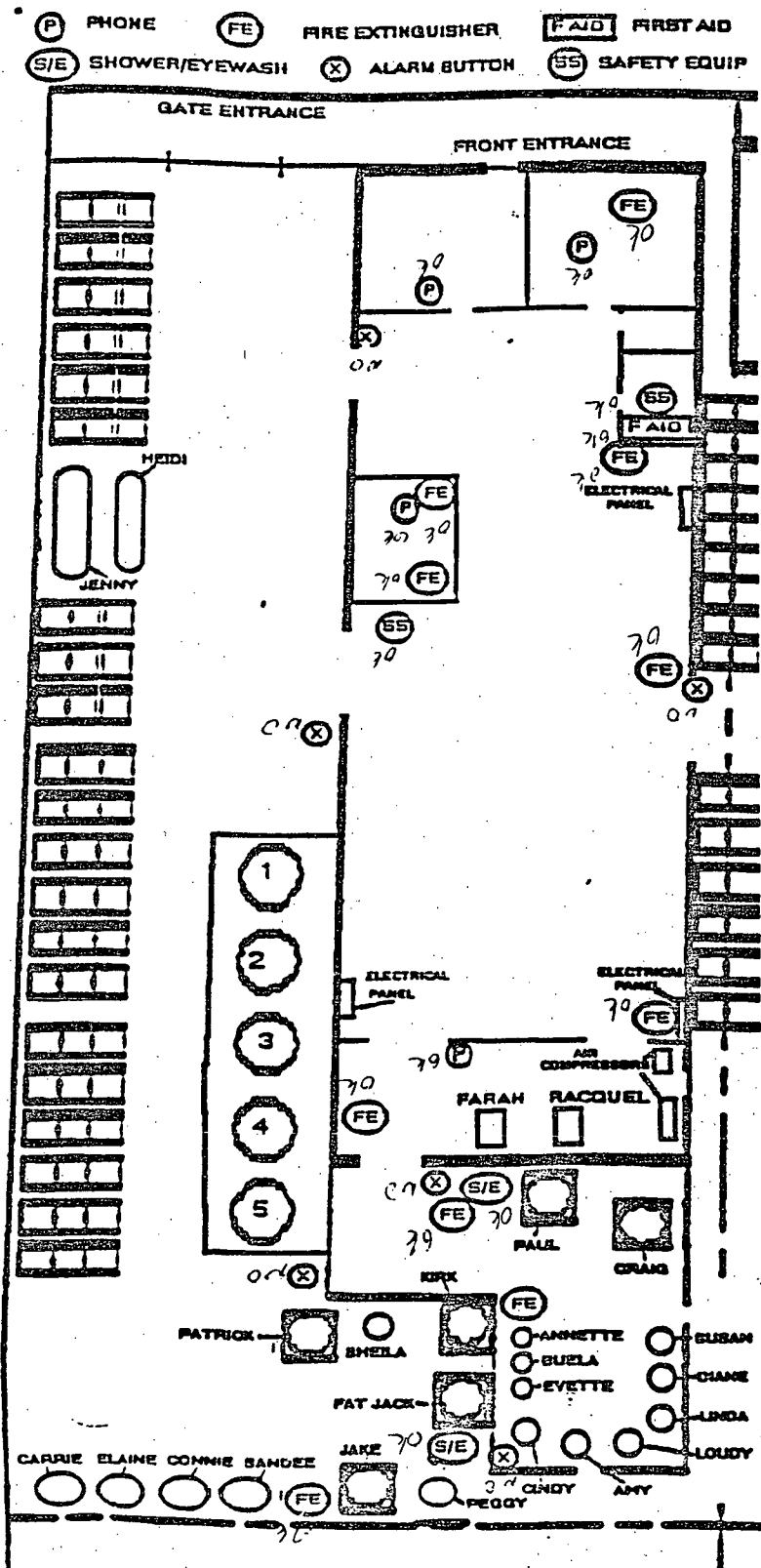
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: Gilbert Sela Date: 11-21-91 Time: 12:00 noon

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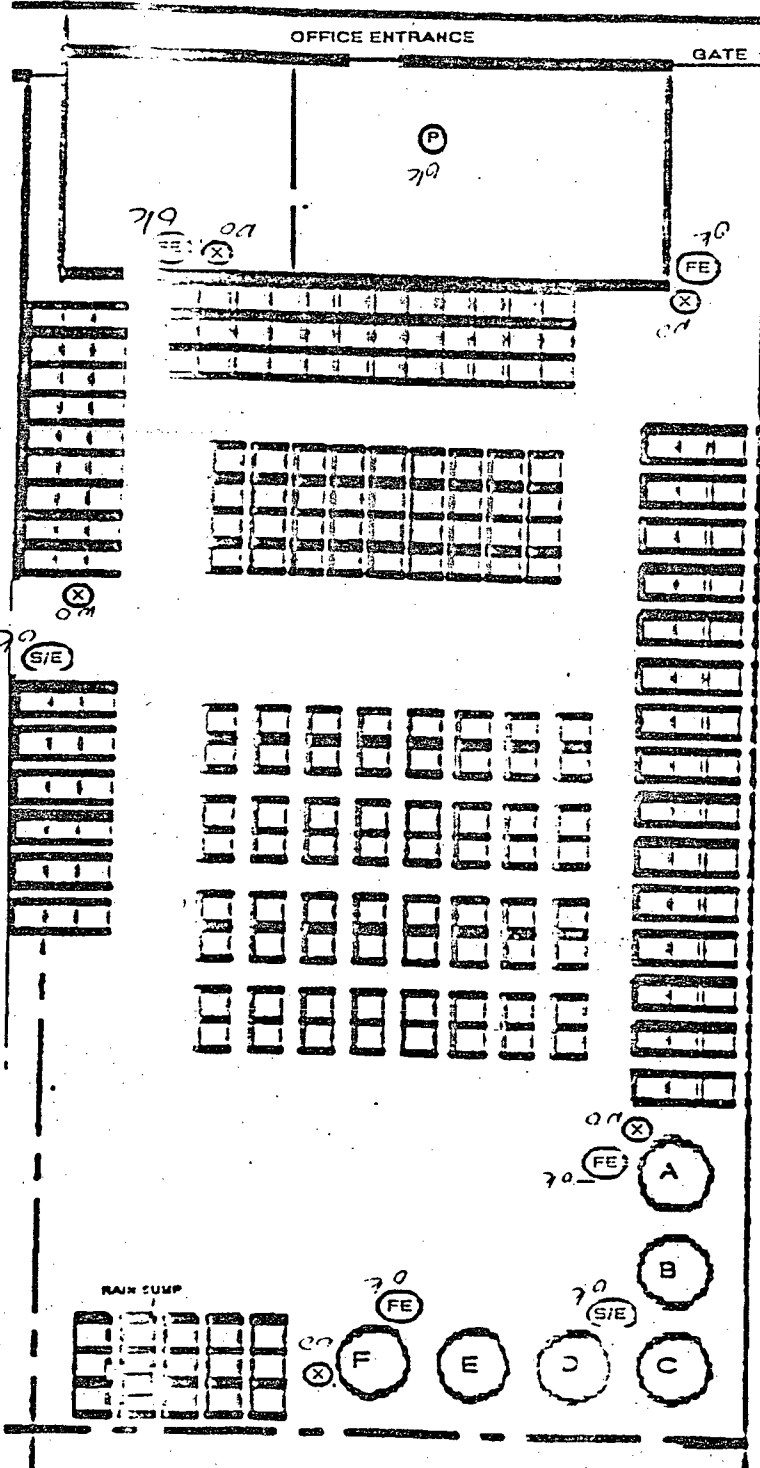
NUMERO 7



OR

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-20-91 INSPECTOR: Lavel (TEAM) SUPERVISOR: _____

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Lights by 5000 gal.

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak .
- Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Hidometers - 900

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-20-91 INSPECTOR: Lowell ESTERMAN SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Comments:

The oxygen apparatus is gone. the emergency system
is down. No walkie talkies.

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-20-91 INSPECTOR: Leonel Estem SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and Identity of material in tanks is posted and correct.

Comments:

Tank #1 leak and has a corrosion on the top

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm. liq.	4800
2	MT	MT
3	Flamm liq.	1000
4	Flamm liq.	4800
5	Flamm. liq.	4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	
B	MT	
C	MT	
D	MT	
E	OSL	500
F	water Etch	6000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-20-91 INSPECTOR: Leavel ESTEAM SUPERVISOR: _____

Sandee	1.1.1.	120
Connie	Still bottoms	2000
Elaine	Water from Cindy	700
Carrie	ASD APP	1600
Shiela	MT	MT
Peggy	Flamm 1.0	650
Amy	MT	MT
Cindy	Water from tank "F"	900
Amy	MT	MT
Linda	Flex	Full
Loudy	1.1.1. - water	15 gal
Diane	MT	MT
Susan	flex	100
Farran	_____	_____
Racquel	_____	_____
Annette	R-VI	Full
Evette	R-11	Full
Burela		
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

-- Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-20-91 INSPECTOR: Leonel Esteada SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<u>Flammable liq.</u>	
Fat Jack:		
Craig		
Kirk		
Patrick		
Paul	<u>w/ TF</u>	
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

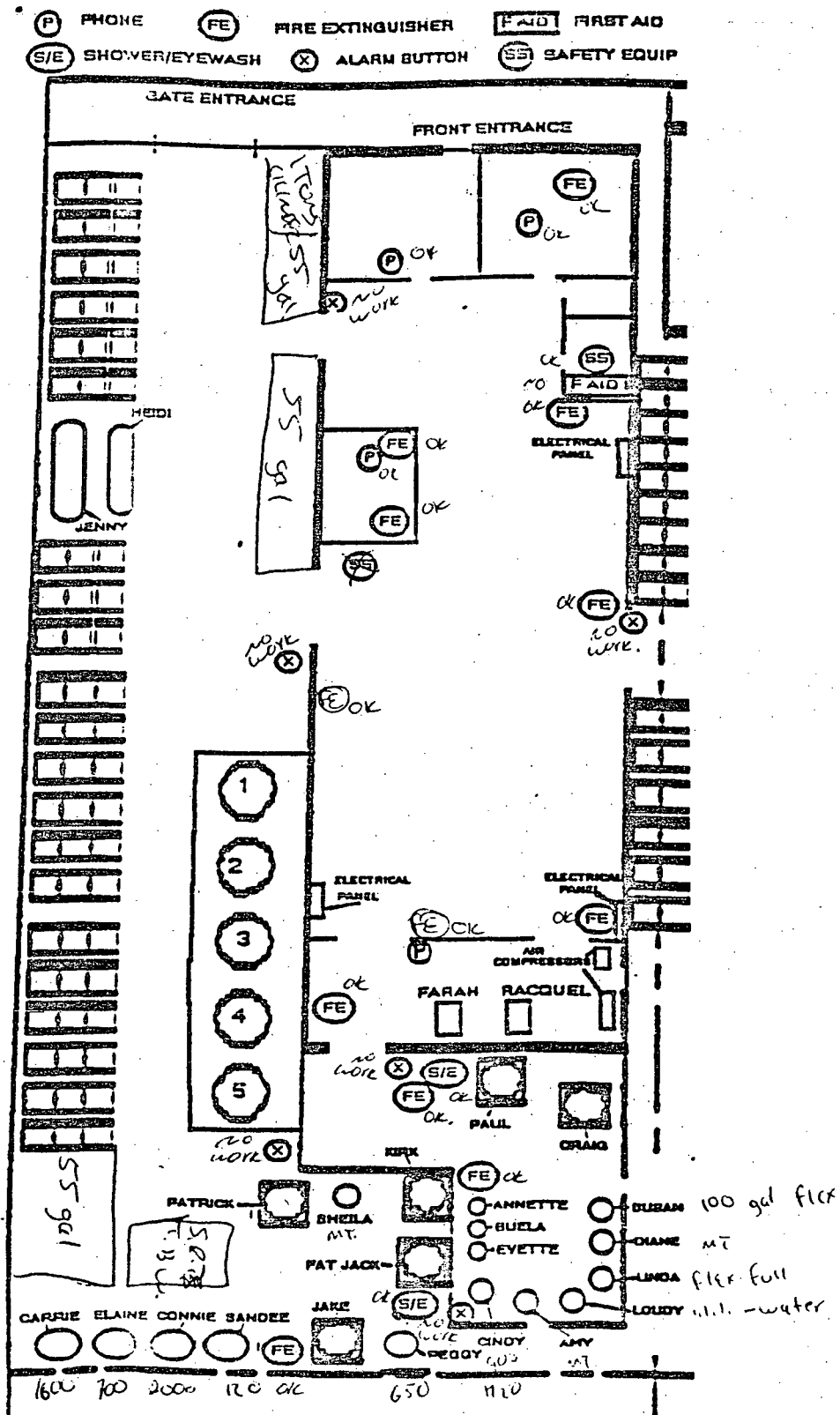
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

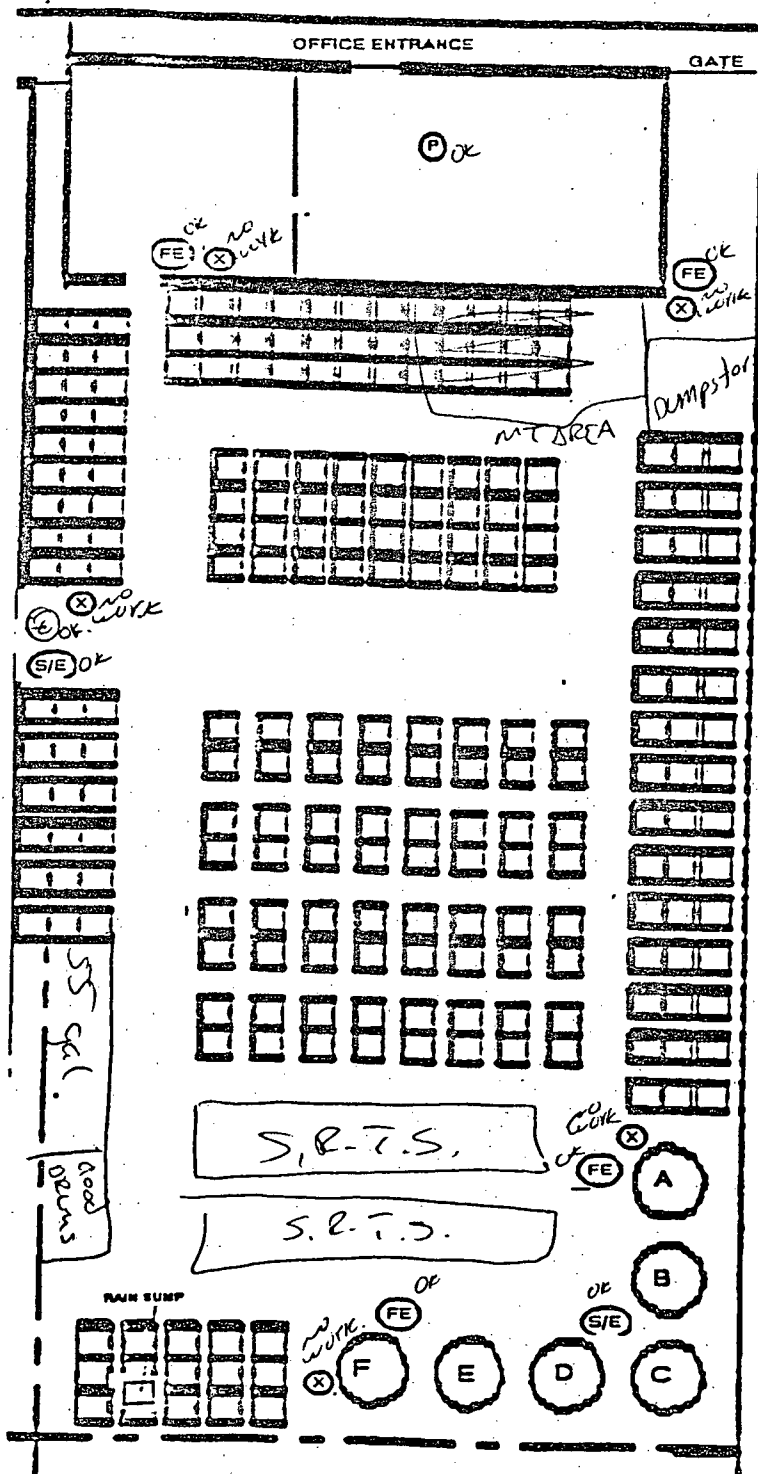
Supervisor: _____ Date: _____ Time: _____



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OMEGA RECOVERY FACILITY INSPECTION REPORT

DATE: 11-19-91

INSPECTOR: JAMES ESTERSON

SUPERVISOR:

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

(lights by 5000 gal.)

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Hydrometers

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-19-91 INSPECTOR: Leonel ESTEY SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Comments:

the emergency apparatus is gone. the emergency systems is down
No walkie talkies we need more rubber boots

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

OR

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2007-11

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-19-91 INSPECTOR: Leavel ESTRAM SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Tank #4 is leaking and has a corrosion on the top

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm. liq	4800
2	MT	MT
3	Flamm. liq	4800
4	Flamm. liq	4800
5	Flamm. liq	4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	MT	MT
D	MT	MT
E	OIL	500
F	Water & ch	6500

Comments:

Process Tanks Material Type Stored Volume/Amount

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-19-91 INSPECTOR: Leonel ESTEAM SUPERVISOR: _____

Sandee	11.1.1. ?	120
Connie	Skill bettoris	2000 =
Elaine	MT	MT
Carrie	ADD PERC	1600
Shiela	MT	MT
Peggy	Flamm. liq.	650
Amy	Acetone	300
Cindy	Water from Tank "F"	900
Amy		
Linda	FL EX	Full
Loudy	1.1.1.	250
Diane	Rain water	50
Susan	Flex	200
Farran	MT	MT
Racquel	MT	MT
Annette	R-11	Full
Evetta	R-11	Full
Buela	}	}
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-19-91 INSPECTOR: Leonel Estera SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<u>Flamm. liq.</u>	..
Fat Jack	_____	_____
Craig	_____	_____
Kirk	_____	_____
Patrick	_____	_____
Paul	_____	_____
I	_____	_____

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
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All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

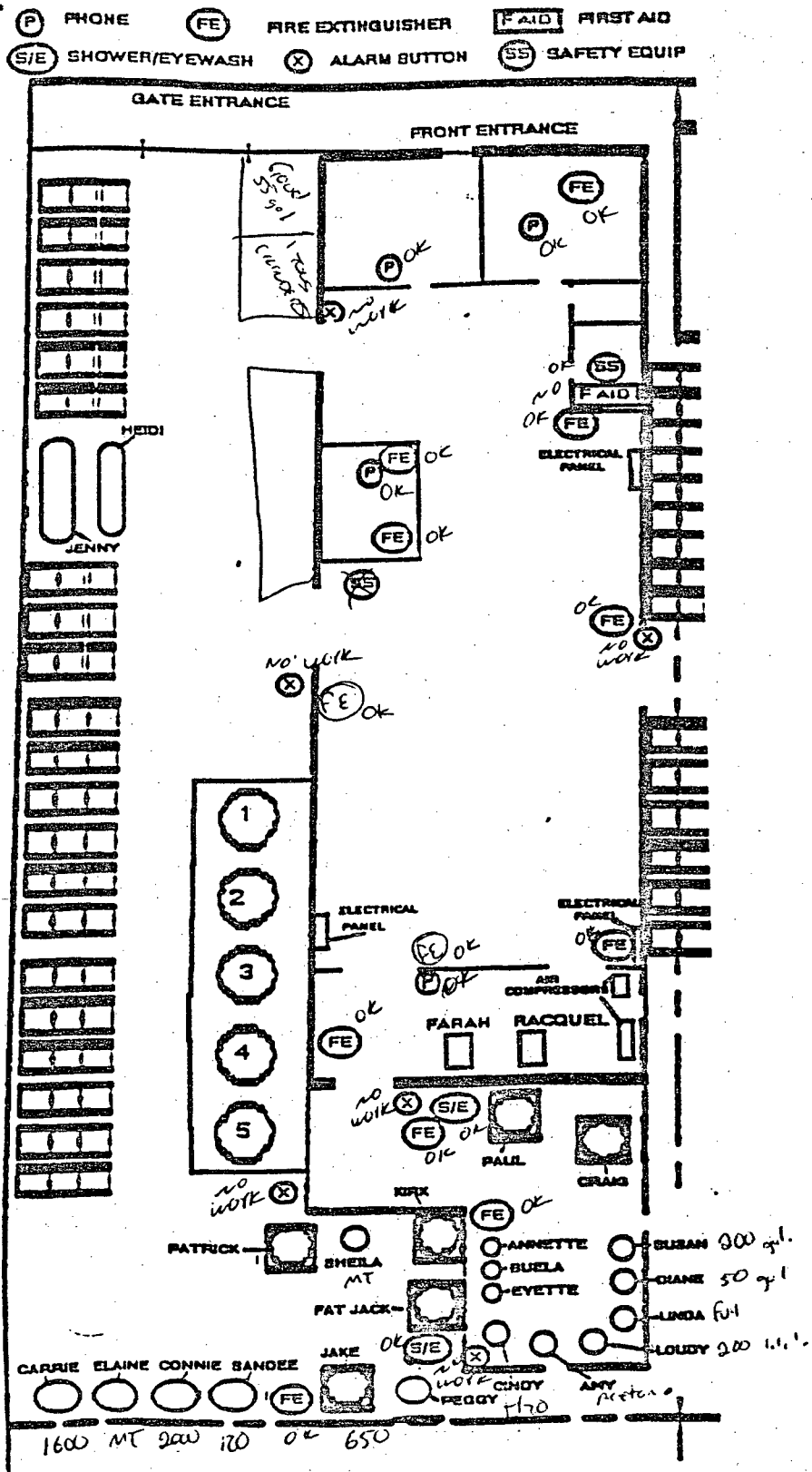
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

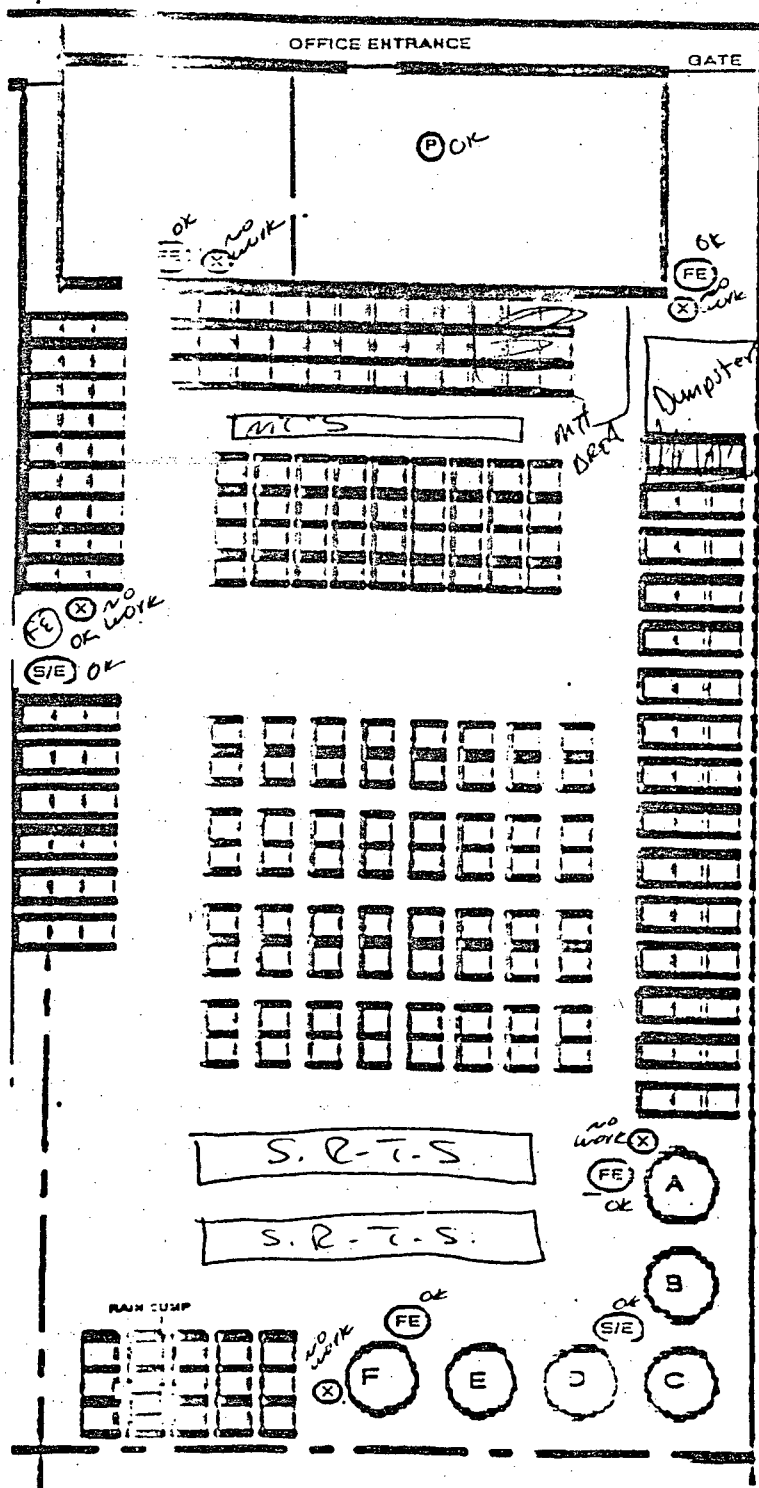
Supervisor: _____ Date: _____ Time: _____



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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-18-91 INSPECTOR: Leonel Esteve SUPERVISOR: _____

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

lights by 5000 gal.

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Hidden waters

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

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Satisf Unsatisf

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-18-91 INSPECTOR: Leonel Estenao SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

The oxygen apparatus is gone. The emergency system is down
No walkie talkies. we used rubber boots small size

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-18-91 INSPECTOR: Leonel Estroza SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their Identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and Identity of material in tanks is posted and correct.

Comments:

Sheet #1 leak and has a corrosion on the top

	/
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Waste Storage Tank	Waste Type	Volume/Amount
1	Flammable Liq.	Full
2	"	Full
3	"	1000
4	"	Full
5	"	Full

Comments:

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	}	}
C		
D		
E	OIL	500
F	water Etch	6500

Comments:

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-18-91 INSPECTOR: Leonel Estrada SUPERVISOR: _____

Sandee	1.1.1.?	120
Connie	Still bottoms	7000
Elaine	12-hr.	700
Carrie	MA PEEC	1600
Shiela	Flex	500
Peggy	Flamm liq.	650
Amy	Acetone	300
Cindy	420 from tank "P"	900
Amy		
Linda	Flex - fat - Jack.	200
Loudy	1.1.1.	250
Diane	Rain water	50
Susan	w/ TP	250
Farran		
Racquel		
Annette	R-11	Full
Everta	R-11	Full
Buela	?	?
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-18-91 INSPECTOR: Leonel E. E. E. E. SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flamm. 1.0.	
Fat Jac::	FLX	
Craig		
Kirk		
Patrick		
Paul		
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

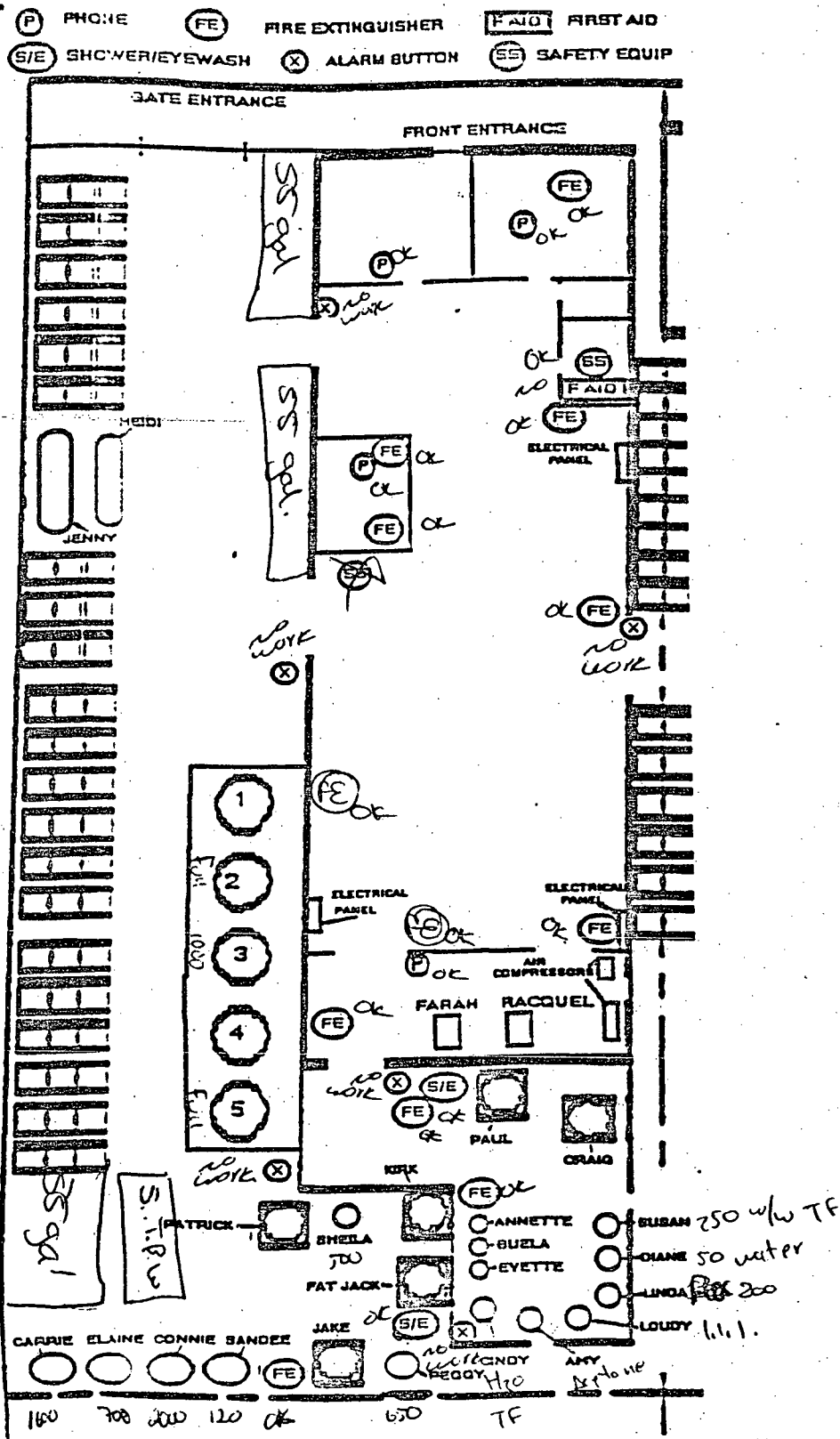
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

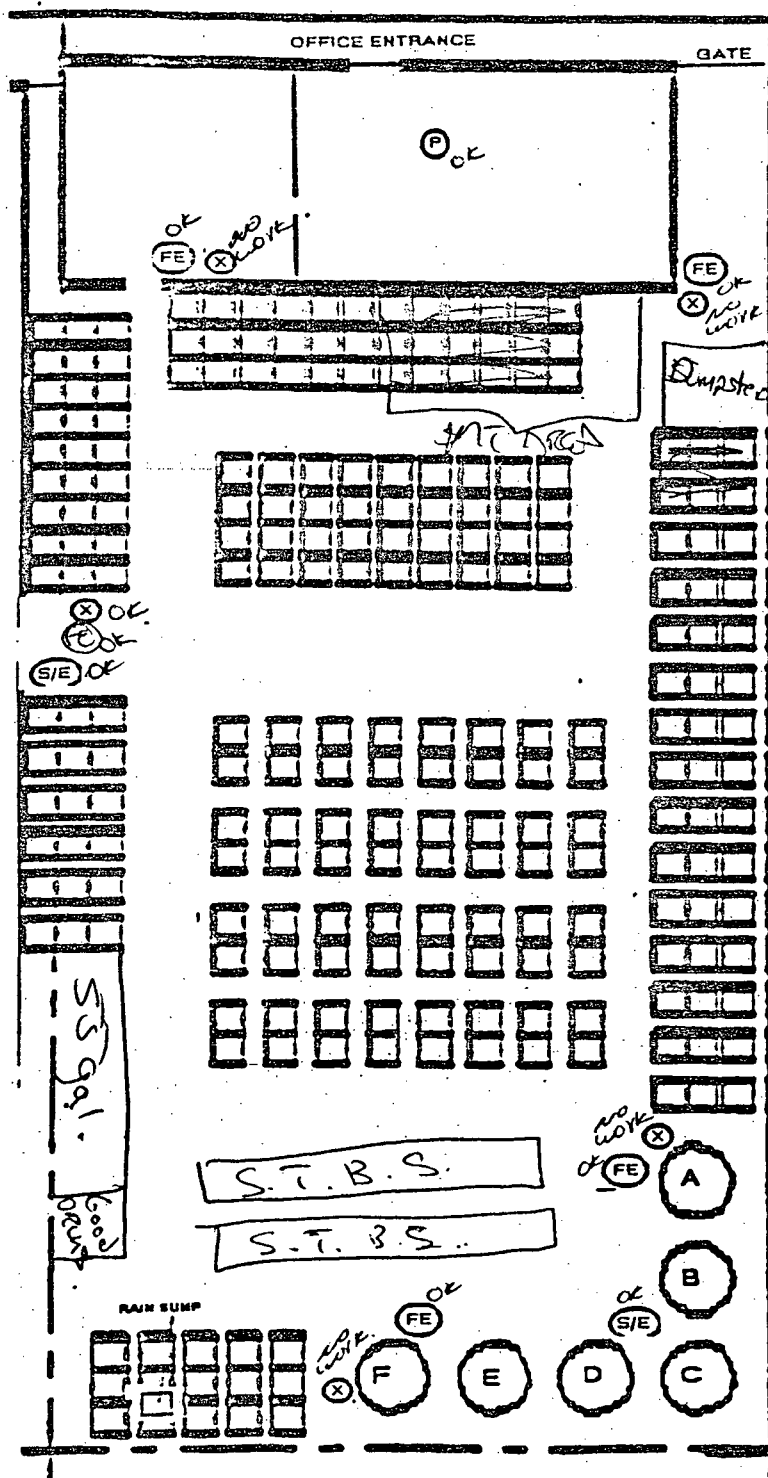
Supervisor: _____ Date: _____ Time: _____

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-17-91

INSPECTOR: Leonard Brennan

SUPERVISOR:

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

There's spill on the driveway
lights by 5000 gal.

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diiked areas.
- Could any of the diiked areas leak .
- Are the diiked areas in good repair.

SAMPLING EQUIPMENT

- Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

- Are the hoses and pumps operable and available for emergency use

ABSORBENT

- Is there enough absorbent for emergency use

RECOVERY CONTAINERS

- Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

- Is the first aid equipment complete and available for emergency use.

- Are there any supplies need to be ordered.

- Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf Unsatisf

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Satisf Unsatisf

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-17-91

INSPECTOR: James E. Egan

SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

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Tank #1 is leaking and has a corrosion on the top.

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm. liq.	4800
2	Sludge	100
3	Flamm. liq.	4800
4	Flamm. liq.	4800
5	Flamm. liq.	4000

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	MT	MT
D	MT	MT
E	OIL	500
F	Water etch.	6000

Comments:

Process Tanks Material Type Stored

Volume/Amount

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-17-91 INSPECTOR: Loane/Esterson SUPERVISOR: _____

Sandee	1,1,1,2	170
Connie	Still bottom	2000
Elaine	LS. bro.	700
Carrie	ADD PERC	1600
Shiela	Flex	800
Peggy	Flamm. liq.	650
Amy	Acetone	200
Cindy	Water from tank "F"	1000
Amy	_____	_____
Linda	MT	MT
Loudy	1,1,1,1	200
Diana	MT	MT
Susan	w/w TF	250
Farran	MT	MT
Racquel	MT	MT
Annette	R-11	full
Evette	R-11	full
Buela	?	
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

-- Temperature Gauge (170 °F)

Air Filter Indicator

Satisf Unsatisf

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-17-91 INSPECTOR: Lois E. ESTERSON SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flamm. No.	
Fat Jack	Flex	
Craig		
Kirk		
Patrick		
Paul		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

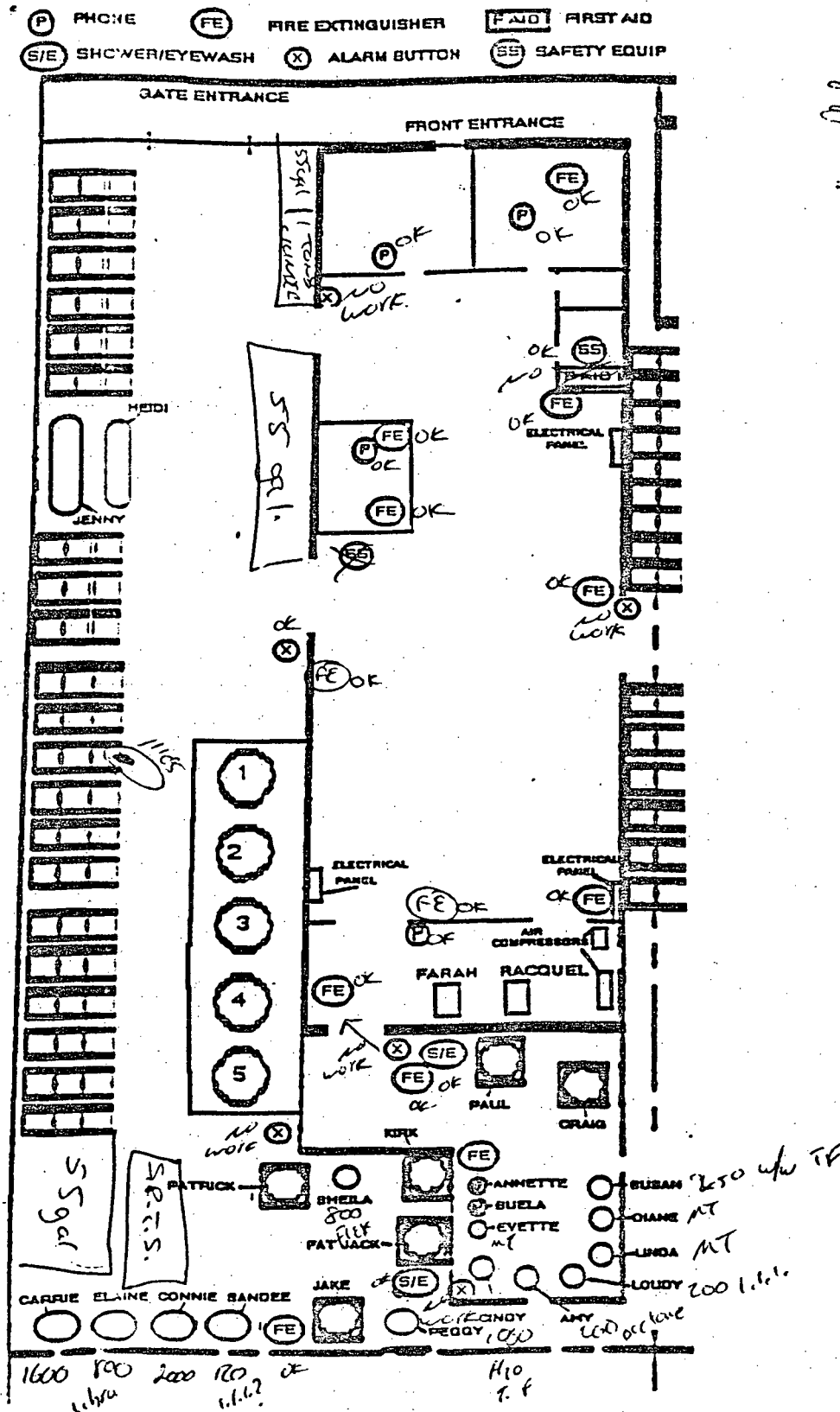
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

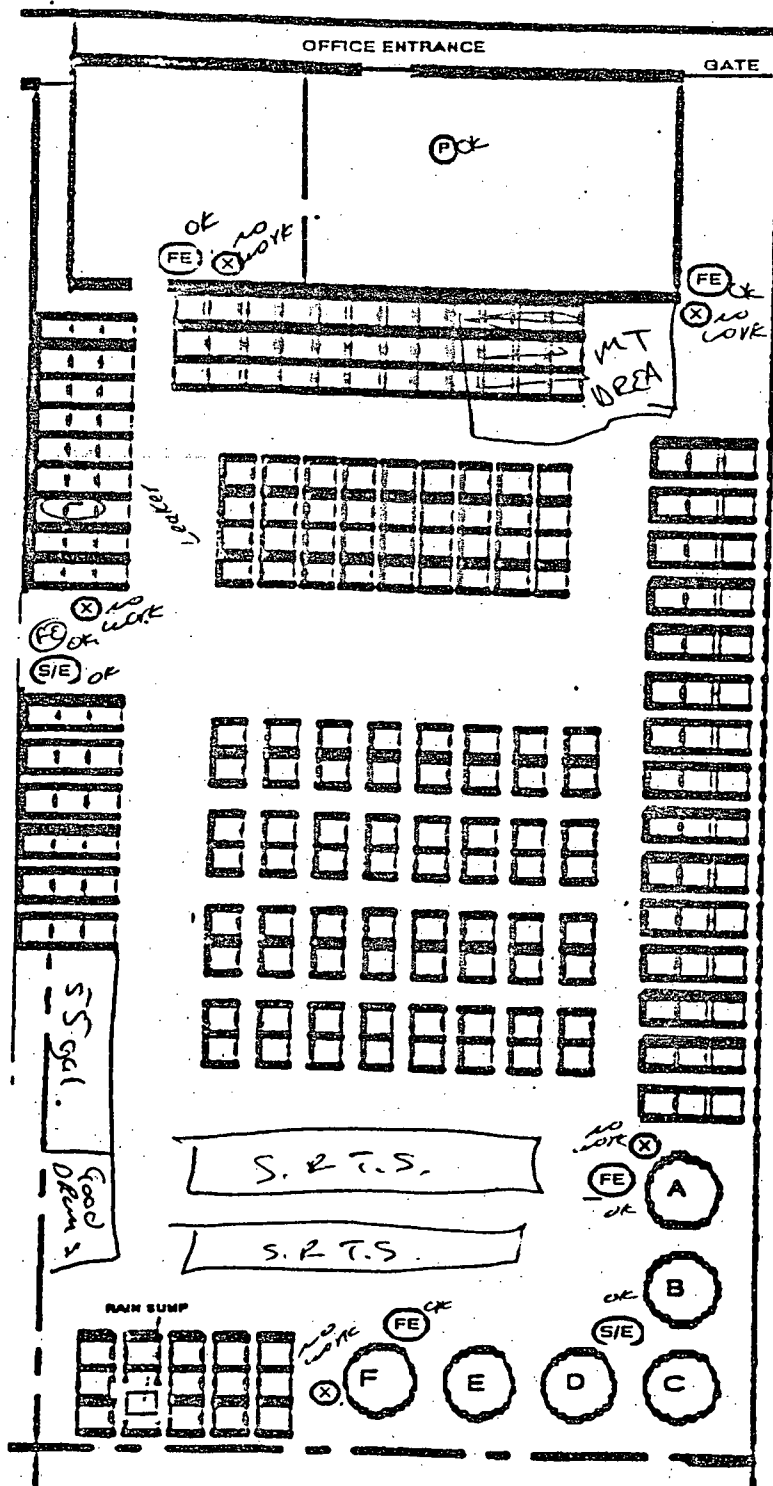
ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____





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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-16-91

INSPECTOR: Juan del Real

SUPERVISOR: G.S.

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any soils in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use.

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Need order
Hydrometers

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-16-91 INSPECTOR: Juan del Real SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map
Are all the extinguishers operable- mark those that are okay.
Are all the extinguishers within service date.
Are all areas surrounding extinguishers clear and signs visible.
Are all extinguishers mounted properly.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf ☐ Unsatisf ☒

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf ☐ Unsatisf ☒

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Emergency System out of order

No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf ☒ Unsatisf ☐

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

OR

04

070700

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-16-91 INSPECTOR: Juan del Real SUPERVISOR: G.S

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Waste Storage Tank Waste Type Volume/Amount

1	FIAM WASTE	4800
2	Sludge	500
3	FIAM WASTE	4800
4	FIAM WASTE	4800
5	FIAM WASTE	4200

Comments:

Product Tank Material Stored Type Volume/Amount

A		
B		
C		
D		
E	Oil + water	500
F	etch water	6000

Comments:

Process Tanks Material Type Stored Volume/Amount

04

0707

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-16-91 INSPECTOR: Juan del Real SUPERVISOR: _____

Sandee	1,1,1	250 gals
Connie	Still Bottoms	1800 =
Elaine	Lt. Brown	600
Carrie	AAD PERS	1700
Shiela	Water/FIAM waste	300
Peggy	FIAM WASTE	600
Amy	ACETONE	300
Cindy	Etch water	900
Amy		
Linda	MT	
Loudy	1,1,1	150
Diane	MT	
Susan	w/w TF	250
Farran	MT	
Racquel	MT	
Annette	R-11	1/2 Full
Everta	R-11	Full
Buela	MT	
Jenny	MT	
Heidi	MT	

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-16-91 INSPECTOR: Juan del Real SUPERVISOR: G S

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	MT	..
Fat Jack	Water/Flam waste	300
Craig	MT	
Kirk	MT	
Patrick	MT	
Paul	MT	
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

Need c-10 seals for Pumps
need drill pauls Heat exch.

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

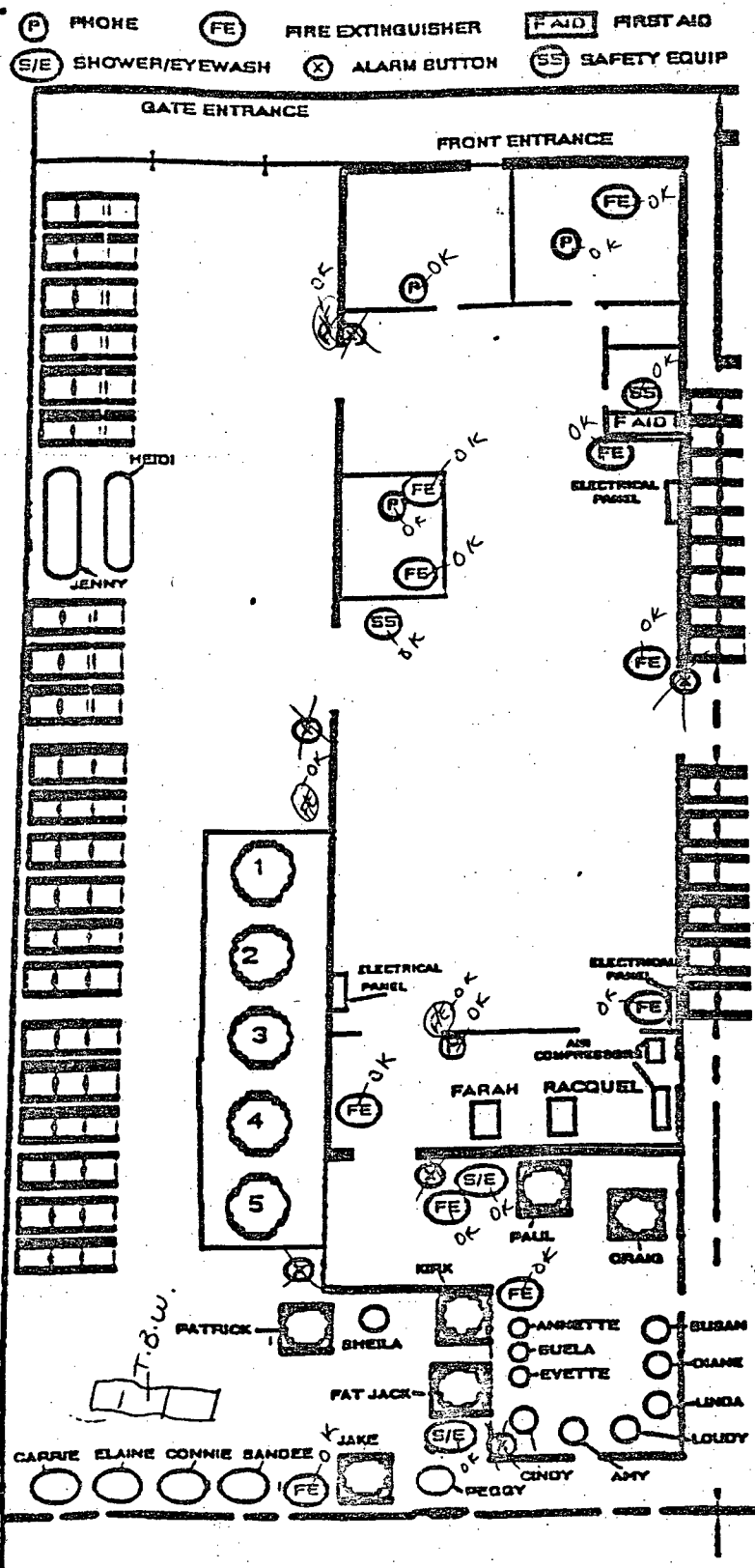
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

CR

04

770707

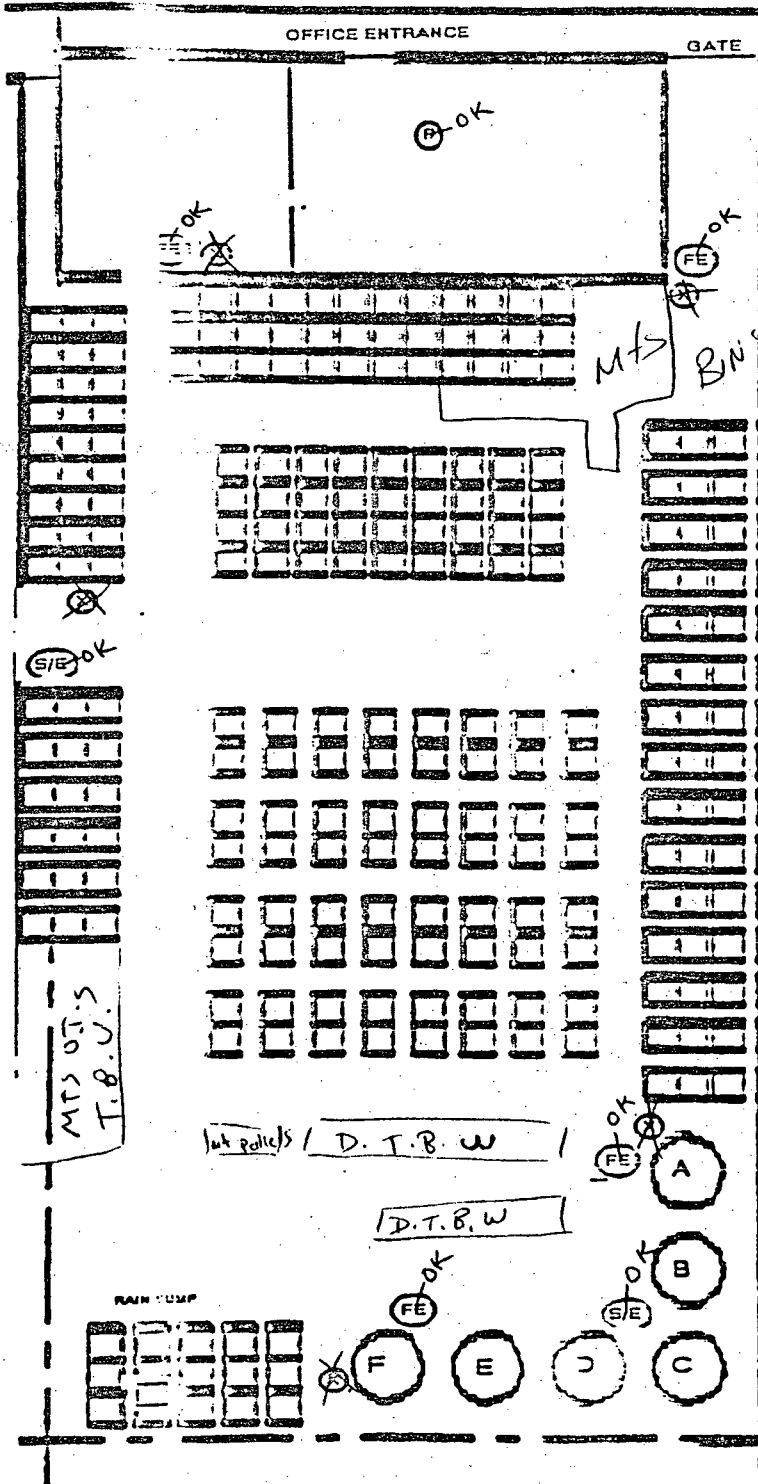


OR

04

250000

1



OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-15-91

INSPECTOR: Juan del Real

SUPERVISOR: G.S.

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf. Unsatisf.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Need Hydrocarbon

Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-15-91 INSPECTOR: Juan del Real SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Comments:

Emergency system out of order

No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-15-91 INSPECTOR: Juan del Real SUPERVISOR: GS

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf ☒ Unsatisf ☐

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Waste Storage Tank	Waste Type	Volume/Amount
1	Sludge/Flam/H ₂ O	4700
2	Sludge	900
3	Flam WASTE	4800
4	Flam WASTE	4800
5	Flam WASTE	3800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	mt	
B	mt	
C	mt	
D	mt	
E	oil Sludge	1000
F	etch wafer	6000

Comments:

Process Tanks Material Type Stored Volume/Amount

CR

04

2507

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-15-91 INSPECTOR: Juan del Real SUPERVISOR: _____

Sandee	11.1.	250
Connie	Still Bottoms	1900
Eiaine	L.f. Bro inhibited	700
Came	AAD PERC	1700
Shiela	FIAM WASTE/1120	1100
Peggy	FIAM WASTE	600
Amy	ACETONE	300
Cindy	Etch water	1000
Amy		
Linda	mt	
Loudy	11.1.	150
Diane	mt	
Susan	TF/ww	250
Farran	mt	
Racquel	mt	
Annette	mt R-11	1/2 Full
Everta	R-11	Full
Buela	mt	
Jenny	mt	
Heidi	mt	

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-15-91 INSPECTOR: Juan del Real SUPERVISOR: F.S.

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake		
Fat Jack:	<u>Flam/water</u>	<u>1000</u>
Craig		
Kirk		
Patrick		
Paul	<u>TF/water</u>	<u>200</u>
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

C-10 Seals for pumps and G.C. Machine

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

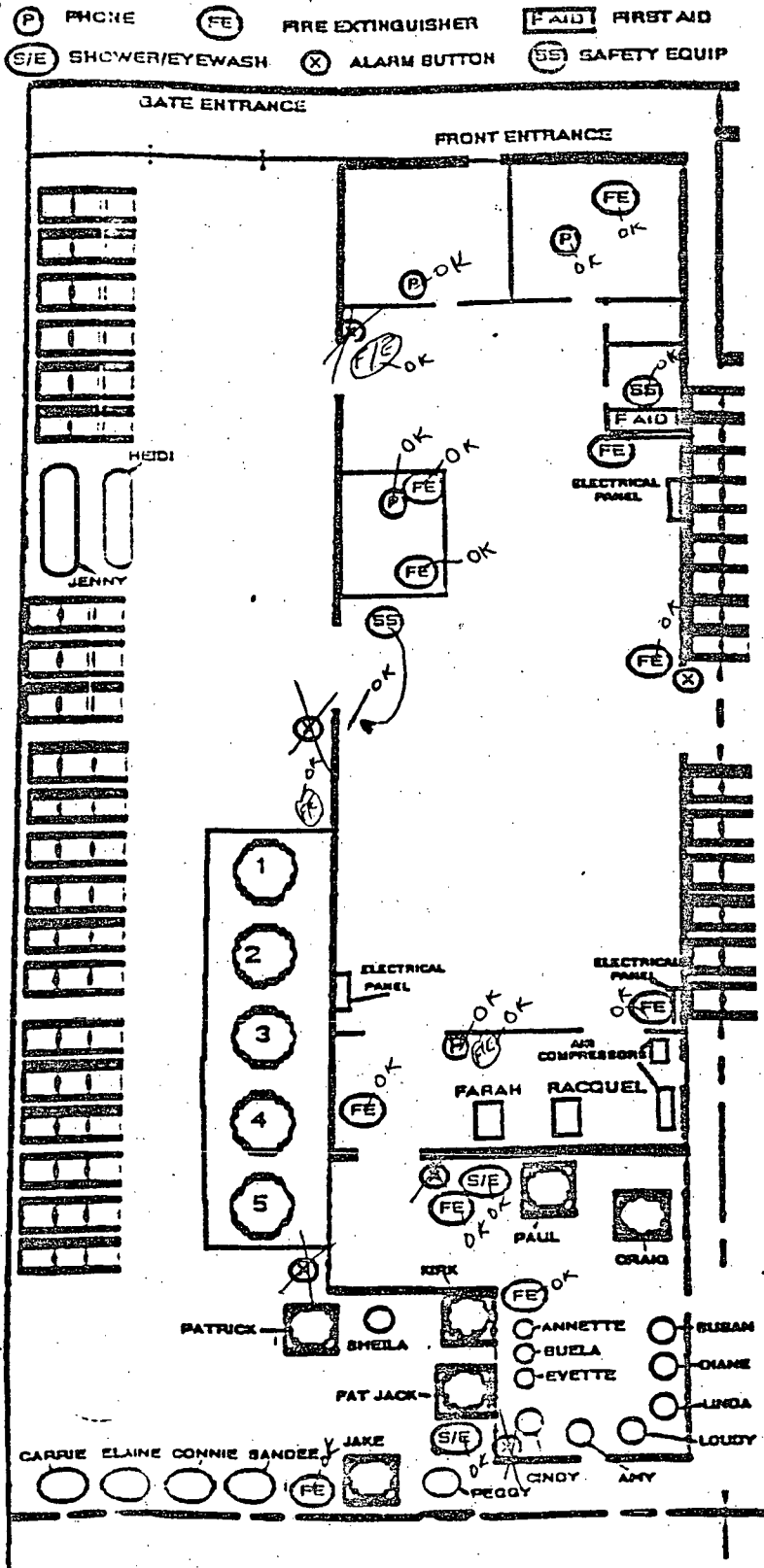
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____



04

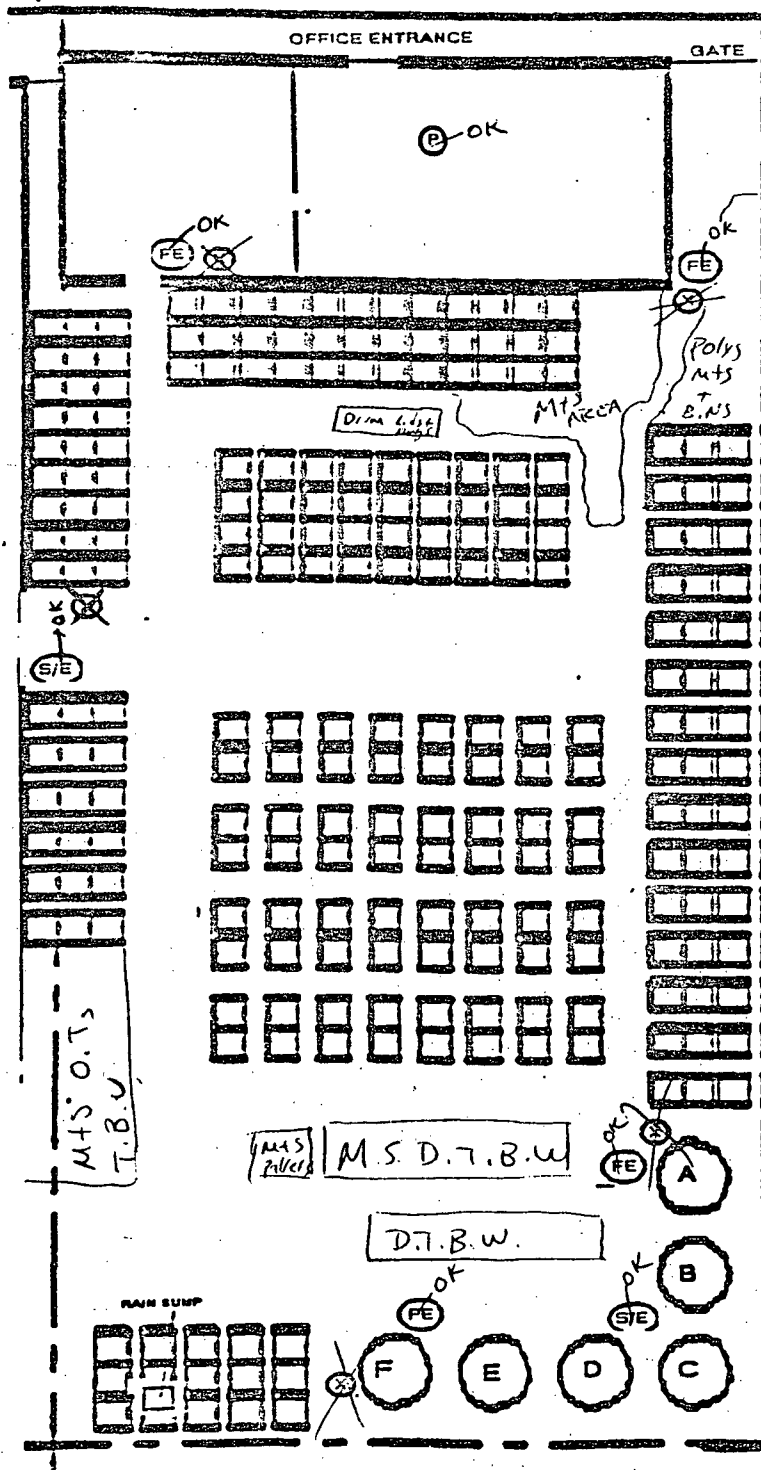
04

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7

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-14-91

INSPECTOR: John J. Real

SUPERVISOR: S.S.

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	✓	
Is there any trash or equipment (gloves) unattended or in wrong location.	✓	
Are all the operational personnel properly attired and protected.	✓	
Do any operation personnel have defective safety equipment-	✓	
Personal Respirators	✓	
Safety Glasses	✓	
Gloves	✓	
Are all the tools and equipment in the proper area	✓	
Are any aisles blocked.	✓	
All warning signs are in place and visible	✓	
Are all outdoor and indoor lights in working order.	✓	
Are all fences have warning signs	✓	
Are all fences in good order	✓	
Is there any accumulation of water in any sumps (greater than one inch)	✓	
Are there any spills in the loading and unloading area.	✓	

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

✓	
✓	
✓	

Satisf Unsatisf

✓	
---	--

But need order more Hydrometers.

Satisf Unsatisf

✓	
---	--

Satisf Unsatisf

✓	
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Satisf Unsatisf

✓	
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Satisf Unsatisf

✓	
✓	
✓	

OR

04

25009

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-14-91 INSPECTOR: Joan del Real SUPERVISOR:

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Emergency system don't work
need walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

was 1 drum LK but we transferred already

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-14-91 INSPECTOR: Juan del Rio SUPERVISOR: G. S.

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Waste Storage Tank	Waste Type	Volume/Amount
1	FIAM WASTE	4800
2	" "	4800
3	" "	4900
4	" "	4900
5	" "	4500

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C		
D		
E	oil + water	800 gals
F	water	6000 gals

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-14-91 INSPECTOR: James A. Real SUPERVISOR: _____

Sandee	I.I.I.	200 gals
Connie	Still Bottom	1900 gals
Elaine	Lit. Biscuits	650 gals
Carrie	AAD PER	1700 gals
Shiela	Flam WASTE + water from pinner video	1000 gals
Peggy	Flam WASTE	600 gals
Amy	ACETONE	300 gals
Cindy	water from "E"	1000 gals
Amy		
Linda	M+	
Lcudy	I.I.I.	120 gals
Diane	M+	
Susan	w/w TF	
Farran	M+	
Racquel	M+	
Annette	M+	
Everte	M+	
Buela	M+	
Jenny	M+	
Heidi	M+	

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

-- Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-14-91 INSPECTOR: Jean-Ed. Meunier SUPERVISOR: G.S.

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake		
Fat Jack		
Craig		
Kirk		
Patrick		
Paul	TF 1.1.1.1 / nic	100 gals
1		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Need C-100 Seals for recycle pumps

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

OR

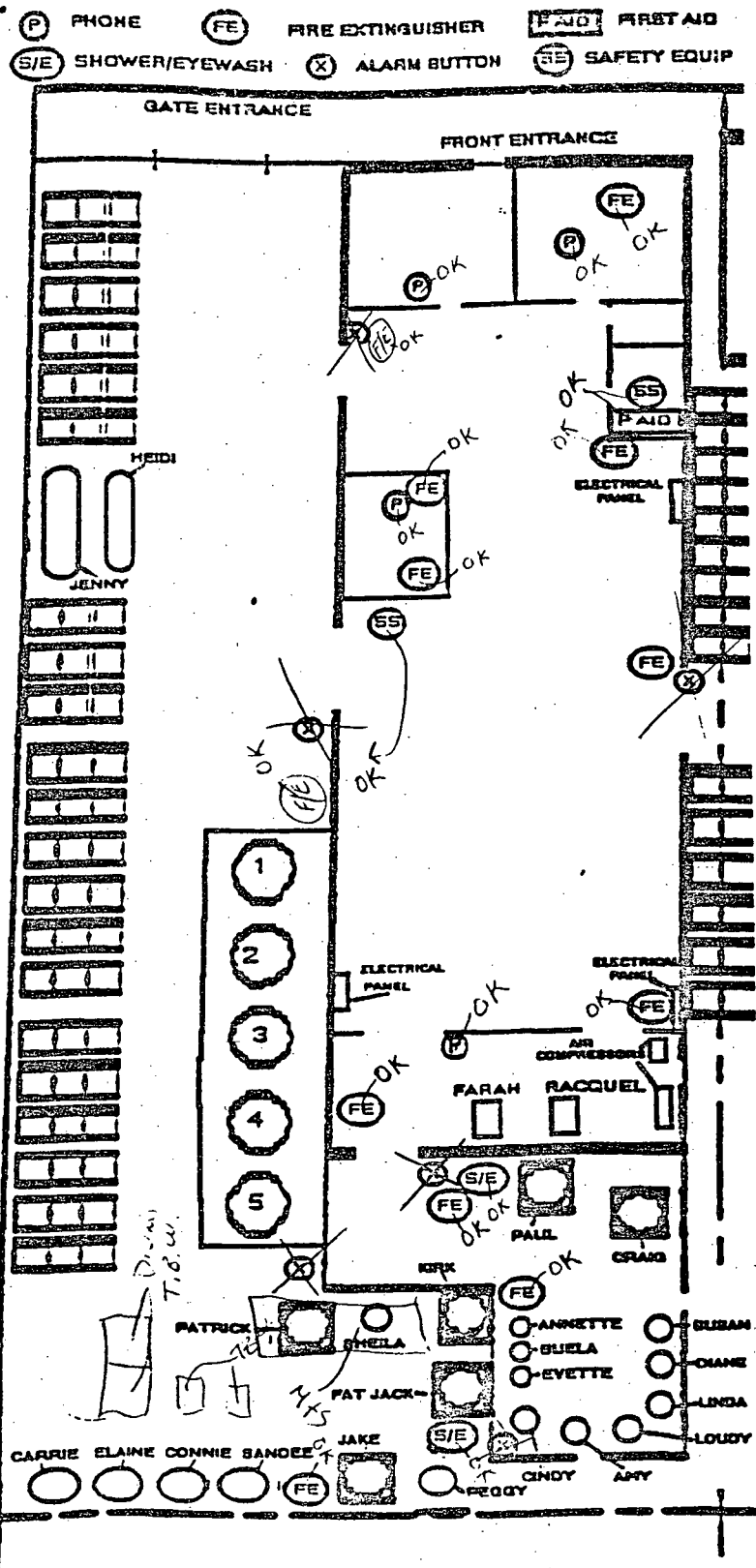
04

25-1-91

OR

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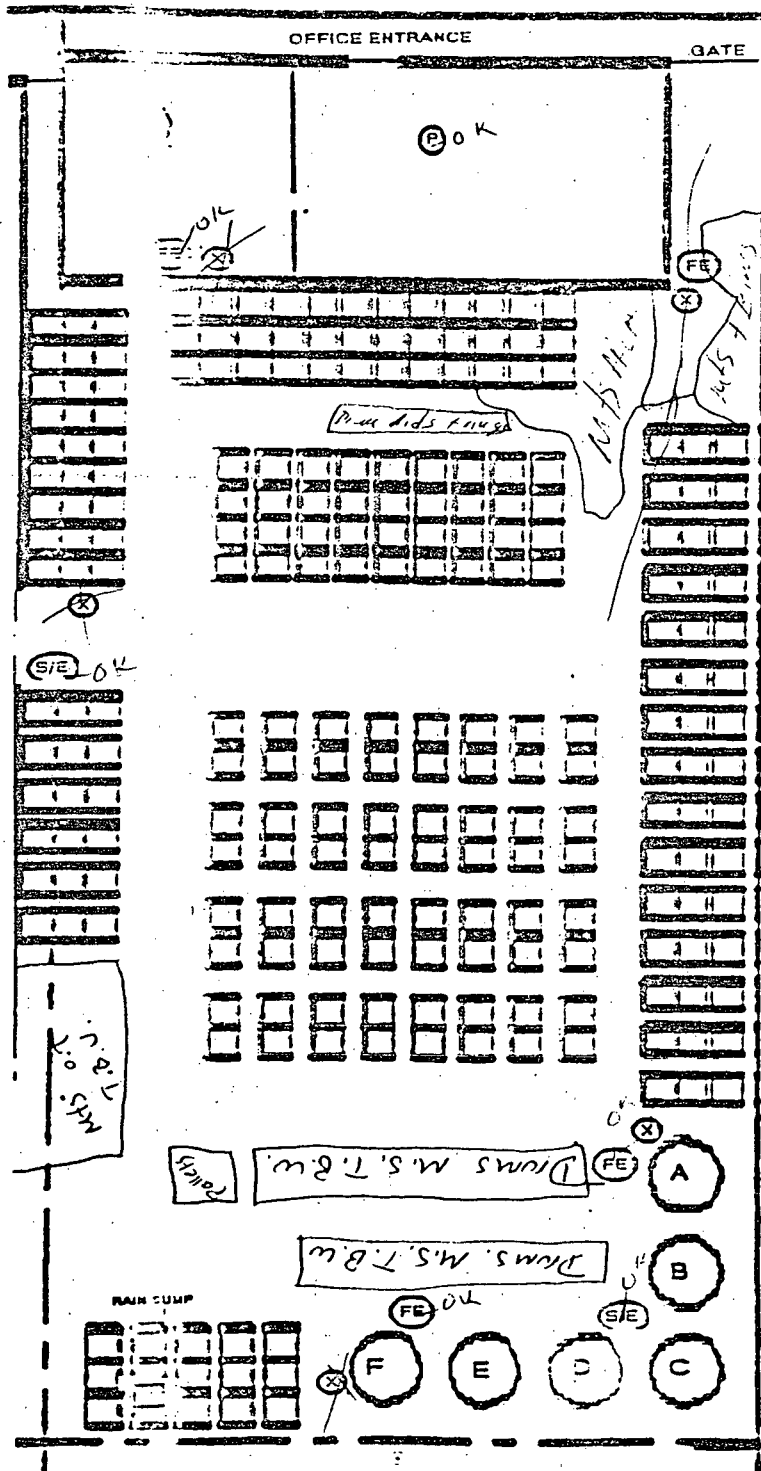
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Too many arts.
on the map

OMEGA RECOVERY FACILITY INSPECTION REPORT

DATE: 11-13-91 INSPECTOR: Leon de N... SUPERVISOR: G.S.

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak .
- Are the diked areas in good repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECOVERY CONTAINERS

Is there an adequate supply

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-15-71 INSPECTOR: J. J. K. A. SUPERVISOR: C. S.

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Waste Storage Tank	Waste Type	Volume/Amount
1	FIAM WASTE	4 800
2	" "	4 800
3	" "	4 900
4	" "	4 900
5	FIAM WASTE	4000 gals

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C		
D		
E	oil + water	500
F	H ₂ O	6000

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-13-91 INSPECTOR: Juan del Real SUPERVISOR: _____

Sandee	111	200 gals
Connie	Still Bottoms	1800
Elaine		
Came	AAD PERC	1700
Shiela	111	300
Peggy	FAM WASTE	600
Amy	ACETONE	300
Cindy	H ₂ O from "E"	900 gals
Amy		
Linda	Lit. bro inhibited	300
Loudy	FLEX	100
Diane	mt	
Susan	Lit Bromide Inhibited	1100
Farran		
Racquel		
Annette		
Evette	Full	1/2 Full
Buela		
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

- Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 1/13/91 INSPECTOR: Juan del Rio SUPERVISOR: C.S.

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake		
Fat Jaci:	<u>1.1.1.1</u>	<u>300 gals</u>
Craig		
Kirk		
Patrick		
Paul	<u>TF/1.1.1.1/MC</u>	<u>150 gals</u>
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Need C-10 Seals for recycle pumps.

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

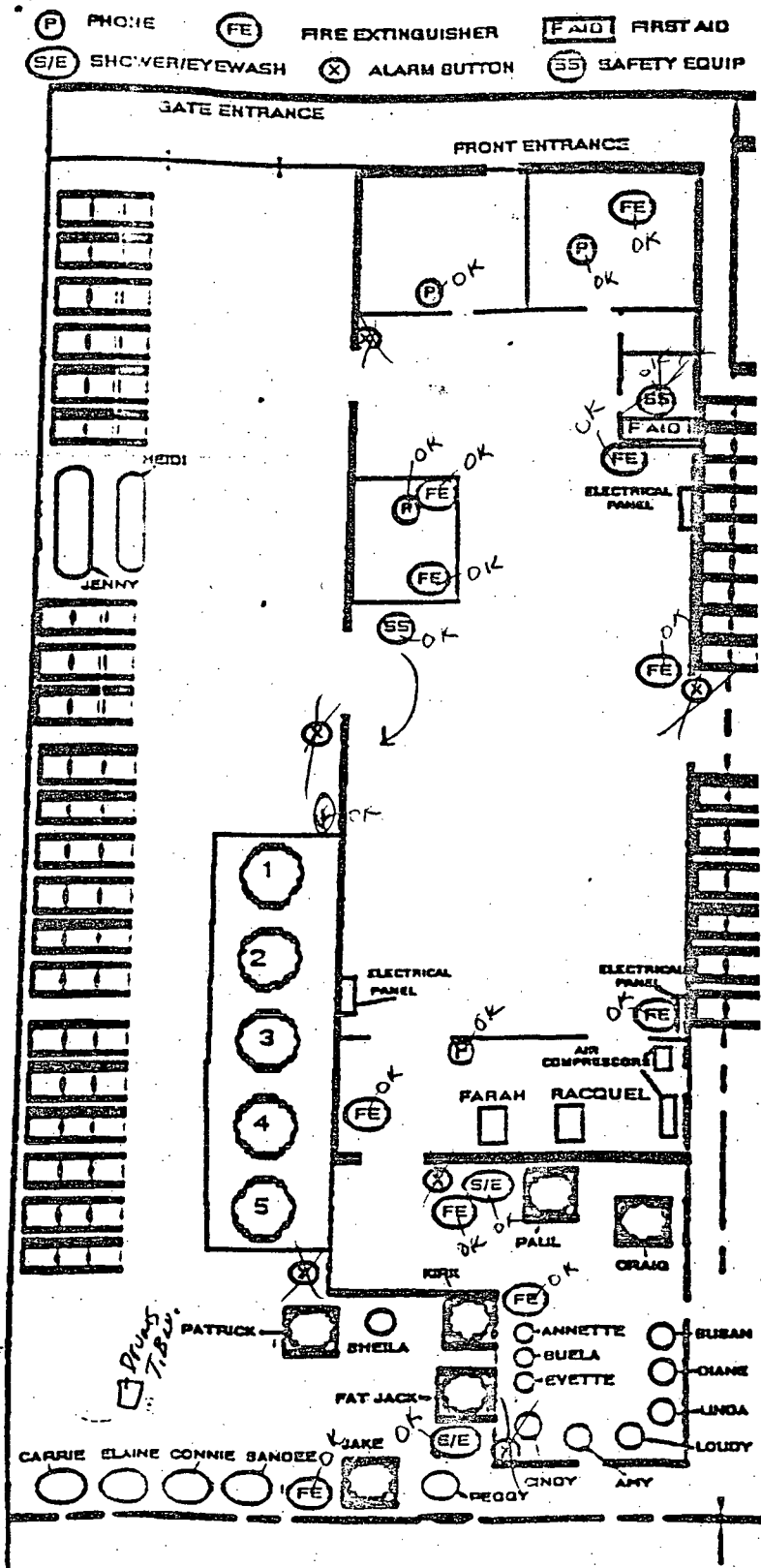
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

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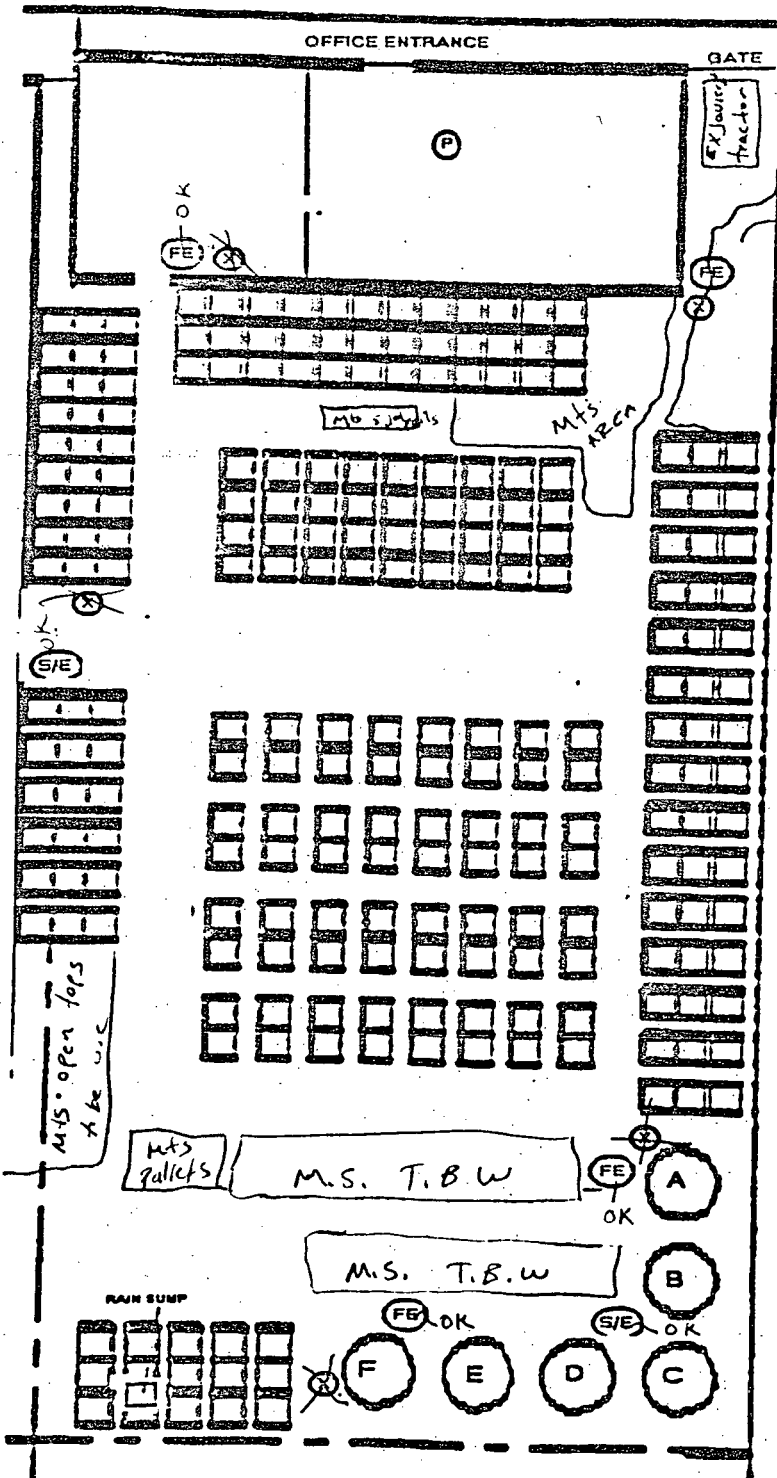
2 5 2 0 0



OR

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2222



too much mts
need crush some

mts
polys

Mts. open tops
A be u.c

Mts
pallets

M.S. T.B.W

M.S. T.B.W

RAIN SUMP

OR

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7

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-12-91

INSPECTOR: Leavel ESTROM

SUPERVISOR:

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Lights by 5000 gal.

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak.
- Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-12-91

INSPECTOR: Leonel Espinoza

SUPERVISOR:

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

The emergency oxygen apparatus is gone. the shower by MT area
lost. the emergency systems is down No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Check map

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-12-91 INSPECTOR: Leonel Esteban SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Dave is leaking. Tank #1 has a corrosion on the top

Waste Storage Tank	Waste Type	Volume/Amount
1	Flammable liq	600
2	"	"
3	"	"
4	"	"
5	L	2000

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	MT	MT
D	MT	MT
E	OSL	500
F	Water Etch.	6000

Comments:

Process Tanks Material Type Stored Volume/Amount

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-12-91 INSPECTOR: Leonel E. RAMOS SUPERVISOR: _____

Sandee	1.1.1.2	170
Connie	Still bottoms	2000
Elaine	MT	MT
Carrie	AAA PERC	1600
Shiela	MT	MT
Peggy	Flamm. liq.	650
Amy	Acetone	300
Cindy	1/2 from tank "F"	900
Amy	_____	_____
Linda	Li. bro	350
Loudy	Flex	350
Diane	Still bottoms	300
Susan	Li. bro.	604
Farrah	_____	_____
Racquel	_____	_____
Annette	R-H	Full
Everett	R-1	1/2
Buela		
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

-- Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-12-91 INSPECTOR: Leonel F. FERRAS SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flamm. liq.	..
Fat Jack	—	
Craig	—	
Kirk	—	
Patrick	—	
Paul	—	
I	—	

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
—	
—	
—	

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

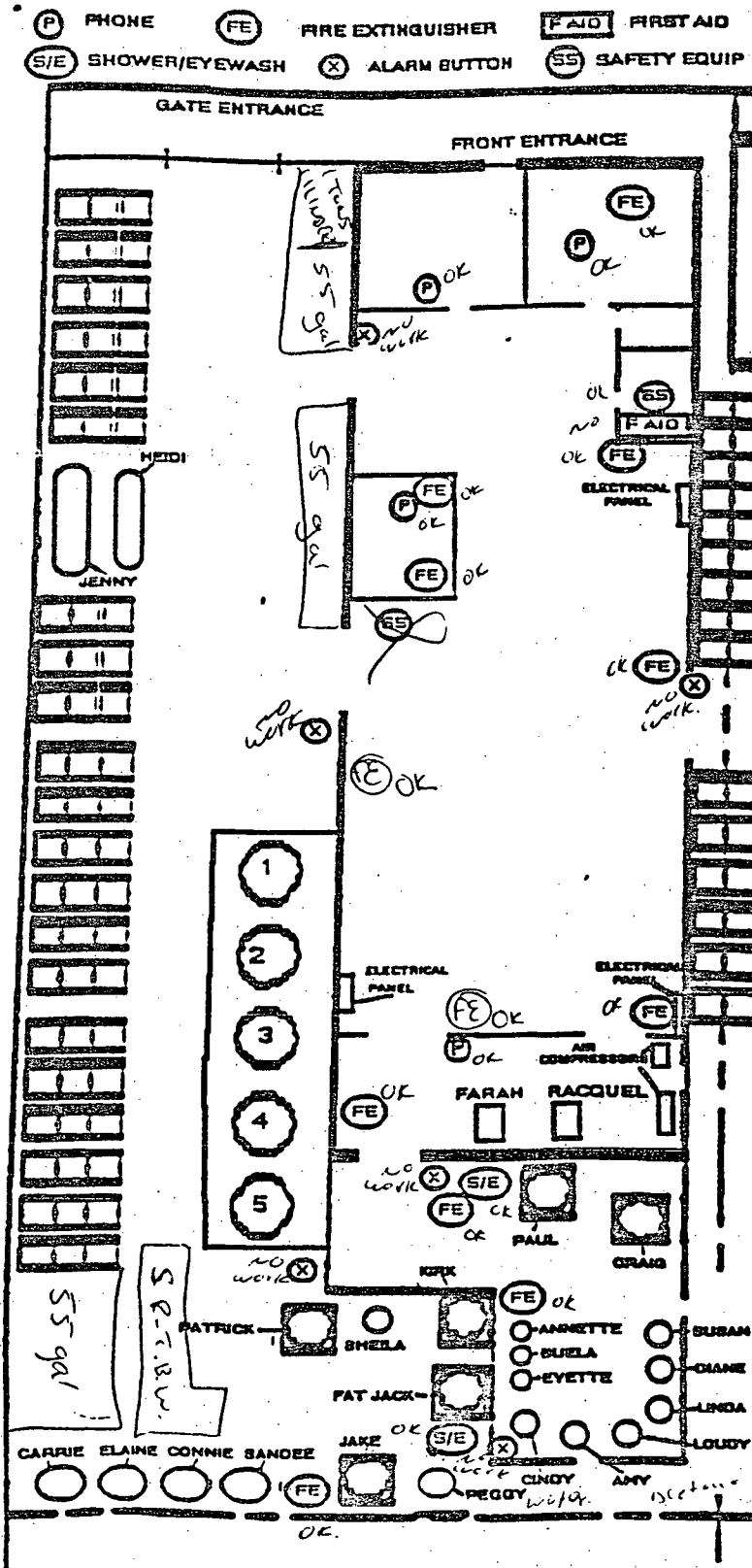
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

OR

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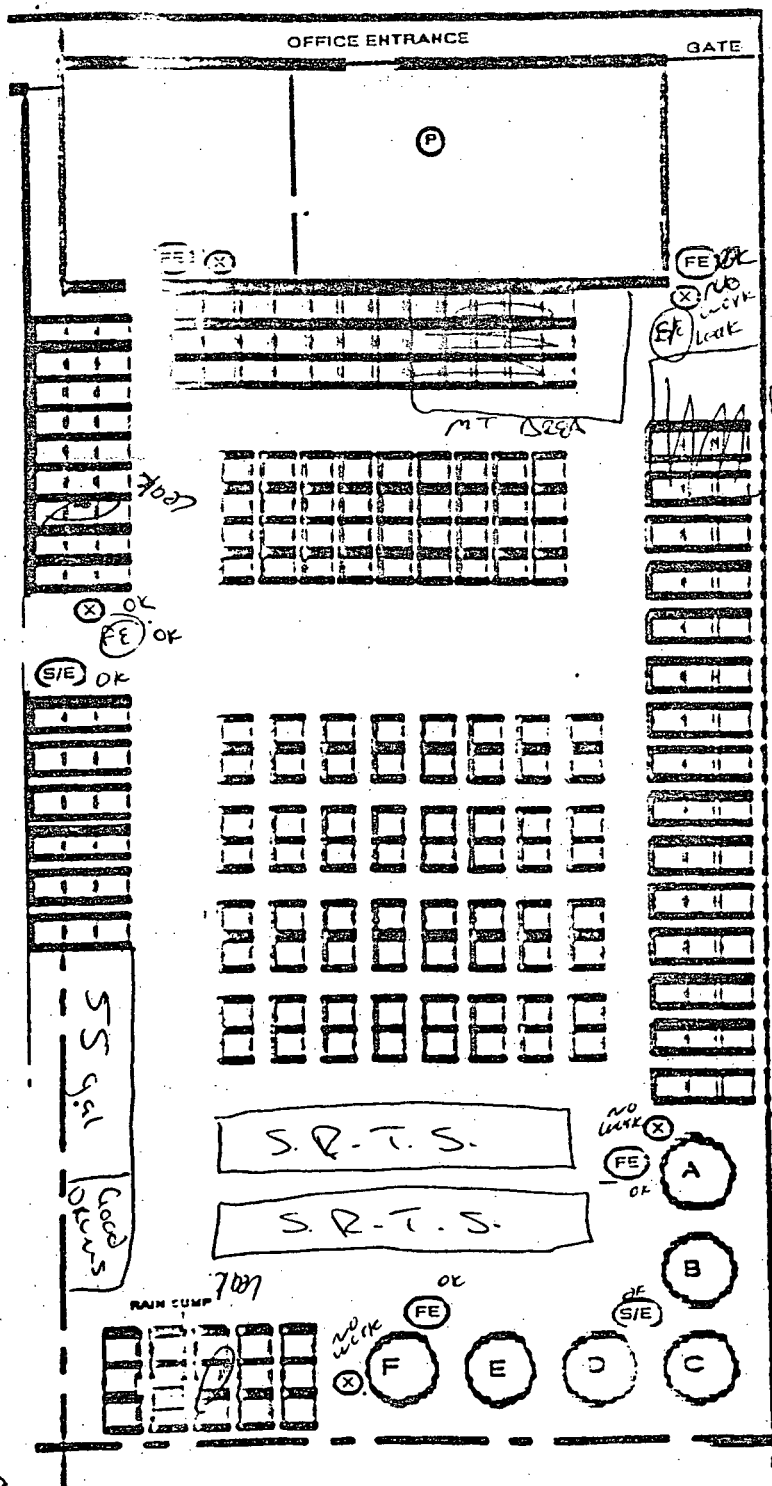
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-11-91

INSPECTOR: Leavel Esteron

SUPERVISOR:

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

lights by 5000 gal

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-11-91 INSPECTOR: Leonel Estrada SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

The oxygen Apparatus is gone. the showers by MT area and by
Paul are leaking. the emergency system is down. No walkie talkies
we need more rubber boots

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non-Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Check map

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-11-91 INSPECTOR: Leonel Estela SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Dome is leaking. Tank #1 leak and has a corrosion on the top there's a spill on the dike area

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm. liq	4800
2	"	4800
3	"	4800
4	1	4700
5	MT	MT

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	MT	MT
D	MT	MT
E	OSL	500
F	Water Etch	6000

Comments:

Process Tanks Material Type Stored Volume/Amount

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-11-91

INSPECTOR: Leonel Esteas

SUPERVISOR:

Sandee	1, 1, 1, 2	120
Connie	Still bottoms	2000
Elaine	MT	MT
Came	ADD PERC	2600
Shiela	MT	MT
Peggy	Flamm. liq.	650
Amy	Acetone	300
Cindy	Water from tank "F"	900
Amy		
Linda	bi-bro	250
Loudy	Flex	350
Diane	Still bottoms	350
Susan	(2. bro.	Full
Farran	MT	MT
Racquel	MT	MT
Annette	R-11	Full
Evetta	R-11	1/2
Buola		
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-11-91 INSPECTOR: Leonel Estrada SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flammie 110	
Fat Jack		
Craig		
Kirk		
Patrick		
Paul		
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

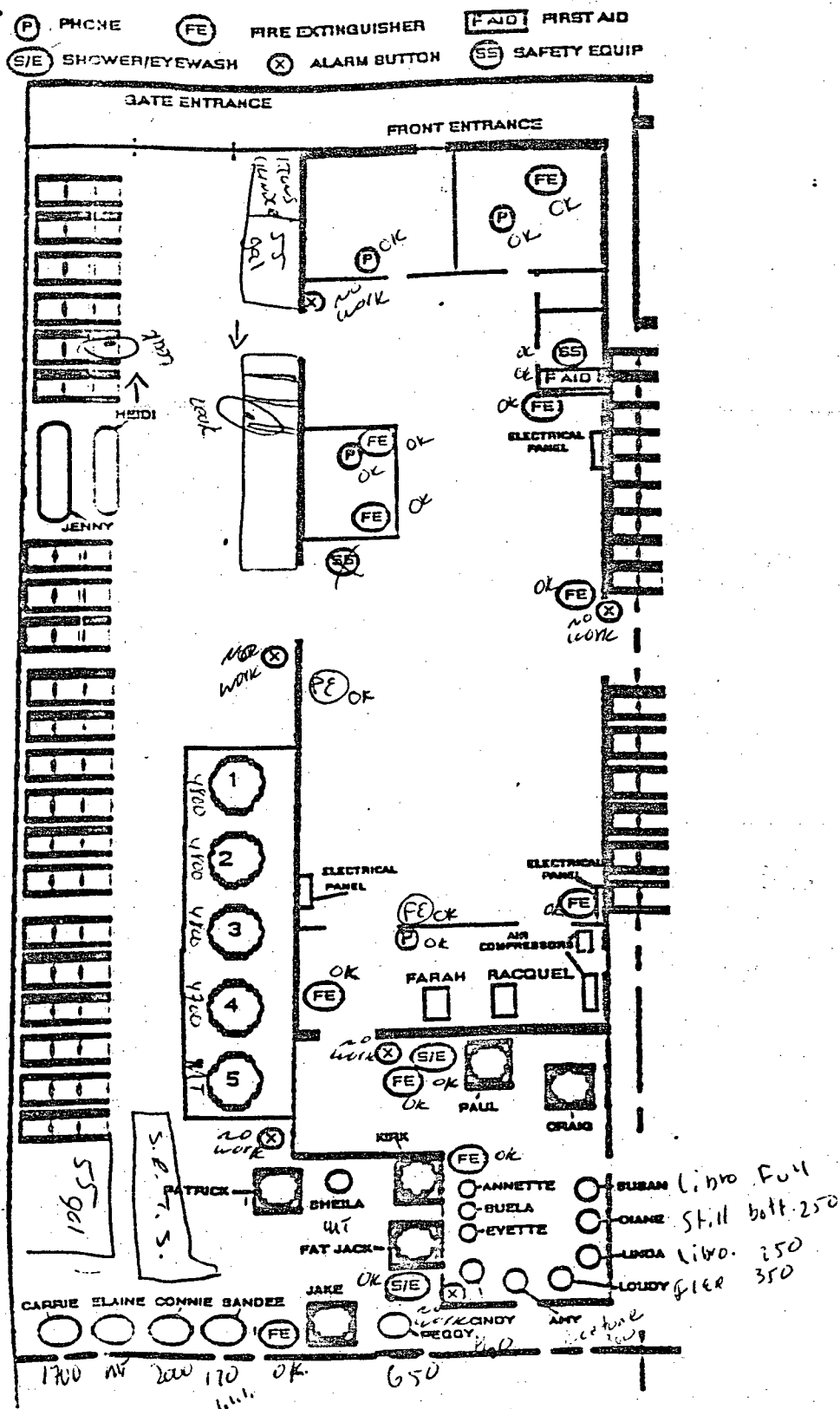
1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

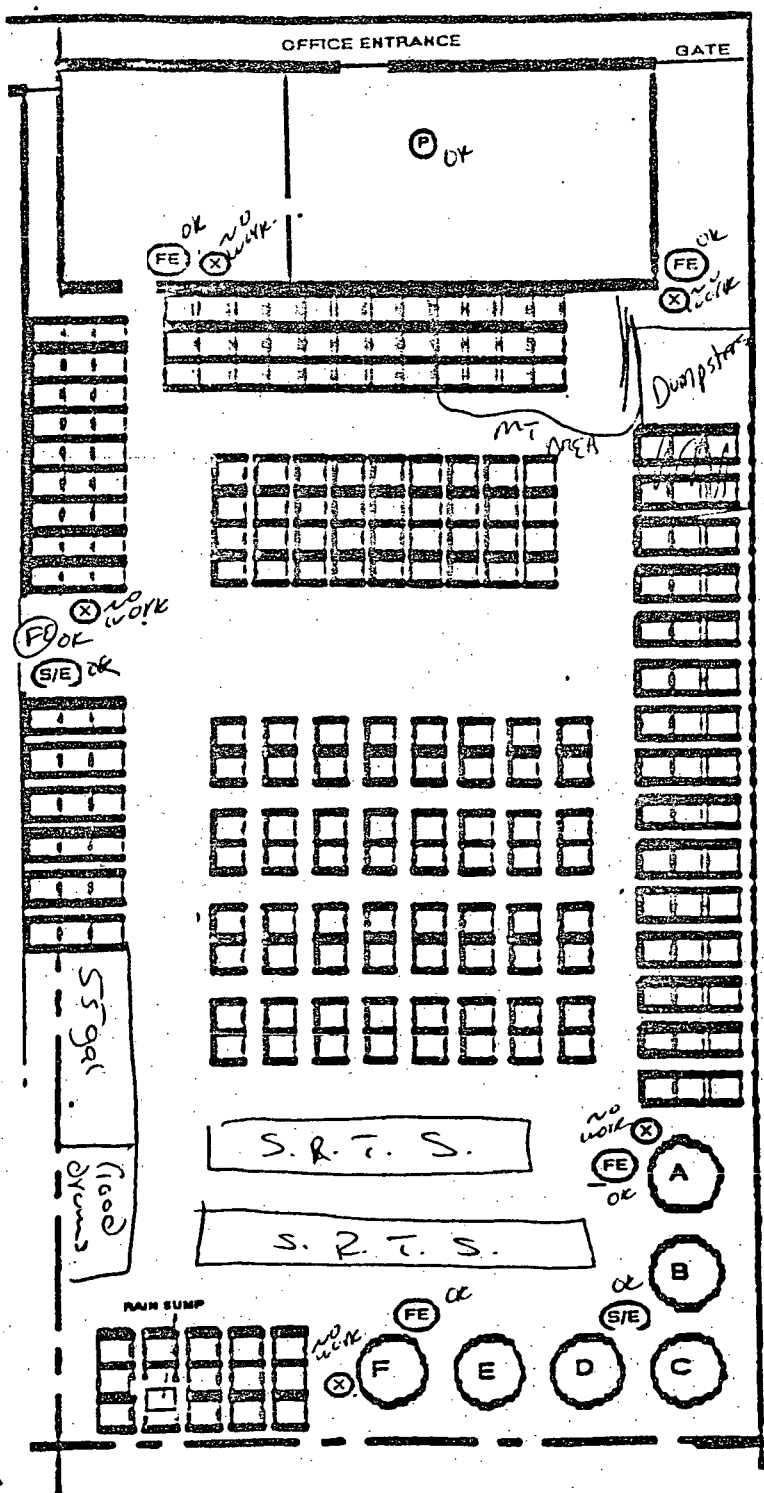
Supervisor: _____ Date: _____ Time: _____



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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-10-91 INSPECTOR: Leonel Estroña SUPERVISOR: _____

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Lights by 5500 gal.

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak.
- Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-10-91 INSPECTOR: Leonel Estrada SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

- Are all the extinguishers operable- mark those that are okay.
- Are all the extinguishers within service date.
- Are all areas surrounding extinguishers clear and signs visible.
- Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

- Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

- Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

- Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

- Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

- Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

- Are the Rubber Boots available and working order
- Are the Yellow Rain/Spill Suits available and working order.
- Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

The emergency oxygen apparatus is gone. the shower by Paul
leak. the emergency systems is down. No walkie talkies
we need more rubber boots

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

- Identify any containers without labels.
- Identify any containers labels show out of date for storage
- Identify any containers that are or could leak - LK
- Are there any containers swelling or heavily corroded.
- Identify any containers stacked improperly - STK
- Verify that there is adequate aisle space between container rows
- Are there any non Omega labeled waste in an improper Area
- Is any flammable waste stored within 25 feet of the property line. F
- Is any flammable waste stored in an improper area.
- Are any corrosive waste and flammable waste stored in an incompatible manner.
- Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Cheer Map

THE IMAGE AREA MAY BE LESS CLEAR
THAN THIS NOTICE DUE TO THE
QUALITY OF THE ORIGINAL DOCUMENT

OR

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Satisf	Unsatisf
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Disuf is leaking. Junk #1 is leaking and has a corrosion on the top.

Comments:**Comments:**

Volume/Amount

OR

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257707

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 10-10-91

INSPECTOR: Laurel E. Green

SUPERVISOR:

Sandee	Flex	100
Connie	Still bottoms	2000
Elaine	MT	MT
Carrie	AAD Perc	1600
Shiela	OIL	300
Peggy	Flammable liq.	650
Amy	Acetone	250
Cindy	Water from tank "F"	900
Amy	Acetone	250
Linda	Ls. hro.	350
Loudy	Flex	350
Diane	Still bottoms	300
Susan	Ls. hro.	Full
Farran	MT	MT
Racquel	MT	MT
Annette	R-11	Full
Everett	R-11	1/2
Buela	?	
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OR

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-10-91 INSPECTOR: Leibel Estrada SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<u>Flamm. liq.</u>	
Fat Jack:	<u>—</u>	
Craig	<u>—</u>	
Kirk	<u>—</u>	
Patrick	<u>—</u>	
Paul	<u>—</u>	
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

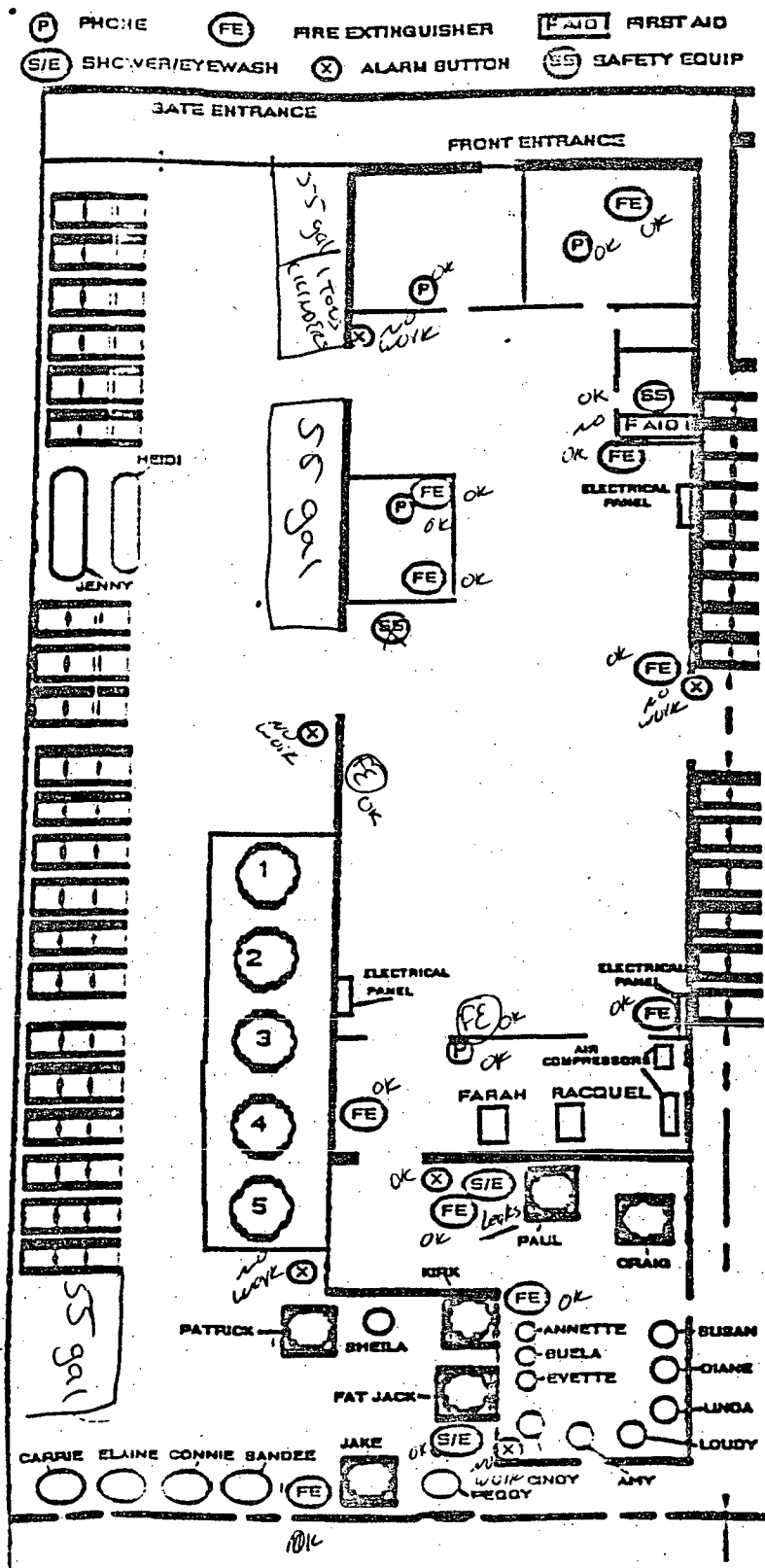
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

OR

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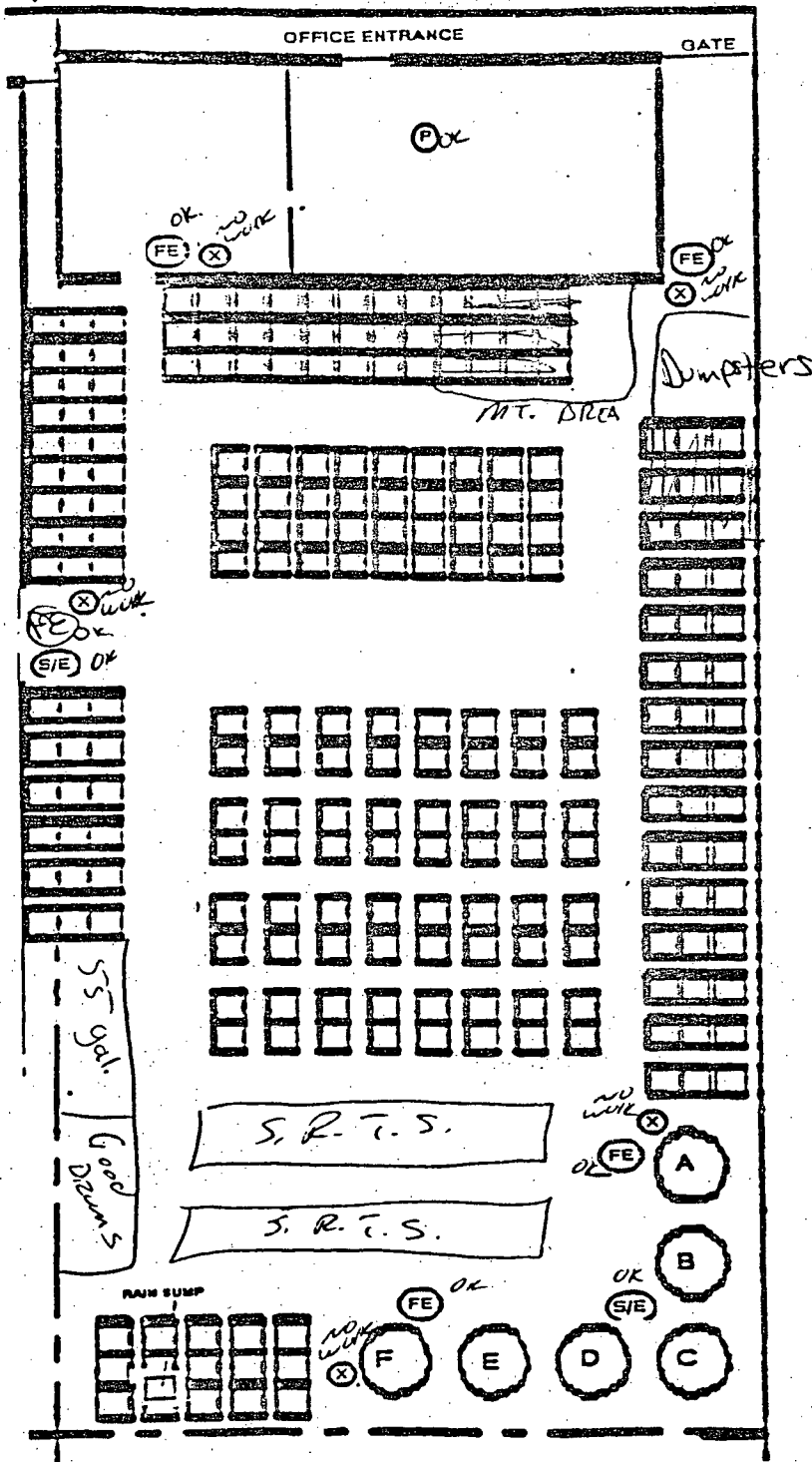
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OR

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-09-91 INSPECTOR: Lowell Estrom SUPERVISOR: _____

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

lights by 5000 gal.

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

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Satisf Unsatisf

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-09-91 INSPECTOR: Leavel Esteada SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map.

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Emergency oxygen apparatus is gone. the shower by pool
is leaking. Emergency system is down. No walkie talkies
we need more small rubber boots

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

See map

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-09-91 INSPECTOR: Leonel ESTRADA SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

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Diane is leaking. tank #1 is leaking and has a corrosion on the top.

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm. liq.	4800
2	"	4800
3	"	4800
4	MT	MT
5	Flamm. liq.	4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	MT	MT
D	MT	MT
E	OSL	500
F	Water Etch	6000

Comments:

Process Tanks Material Type Stored

Volume/Amount

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-09-91 INSPECTOR: Leonel Espartero SUPERVISOR: _____

Sandee	MT	MT
Connie	Still bottoms	2000
Elaine	MT	MT
Carrie	ADD PERC	1600
Shiela	OTC	500
Peggy	Flamm. liq.	650
Amy	Acetone	250
Cindy	H ₂ O from Tank "F"	900
Amy	Acetone	250
Linda	Lz. bro	200
Loudy	FLEX	180
Diane	Still bottoms	350
Susan	Lz. bro	Full
Farran	MT	MT
Racquel	MT	MT
Annerte	R-11	Full
Evente	R-11	1/2
Buela	?	?
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-09-91 INSPECTOR: Leonel Estrada SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<u>Flamm: 110</u>	
Fat Jack	<u>03L</u>	
Craig	<u> </u>	
Kirk	<u> </u>	
Patrick	<u> </u>	
Paul	<u> </u>	
I	<u> </u>	

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

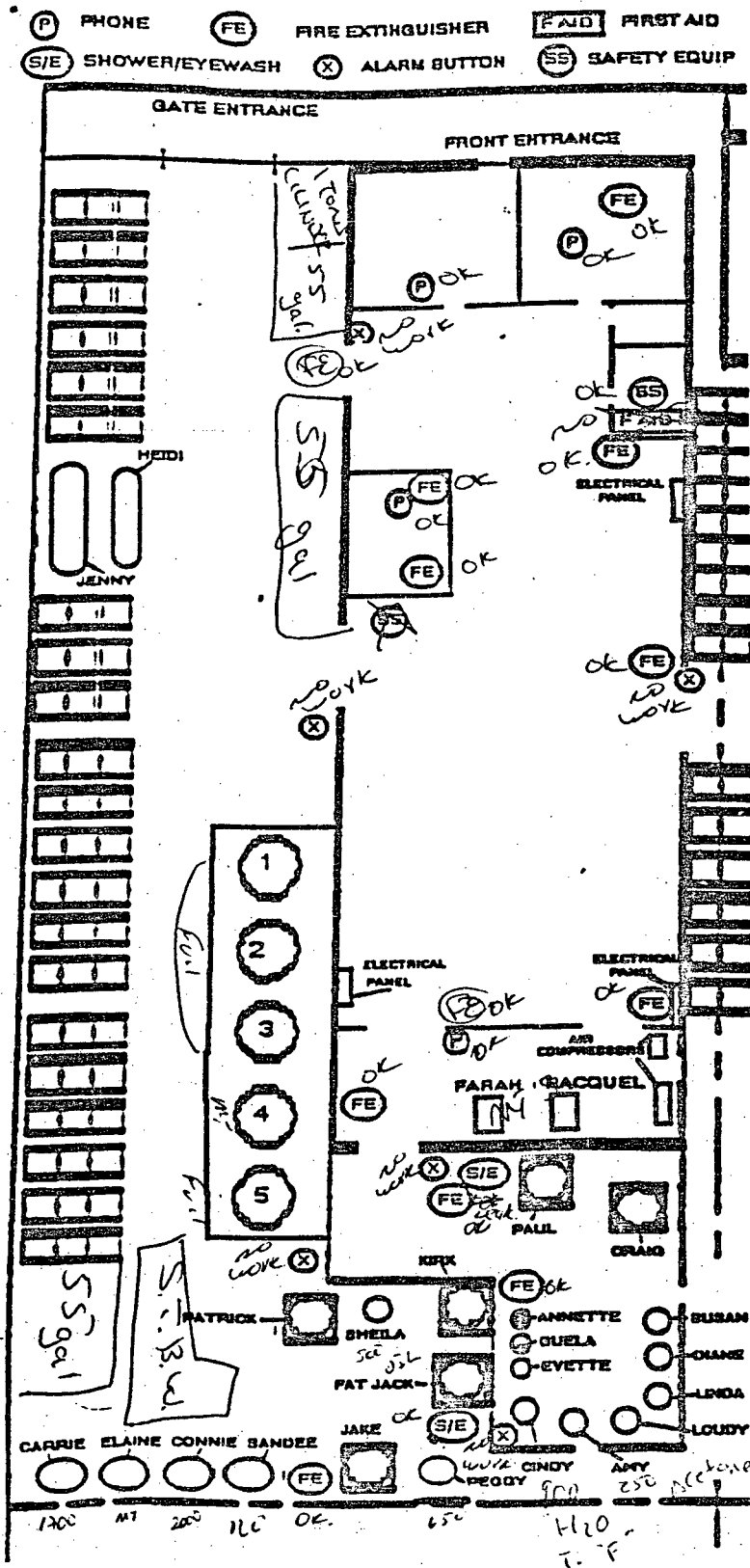
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

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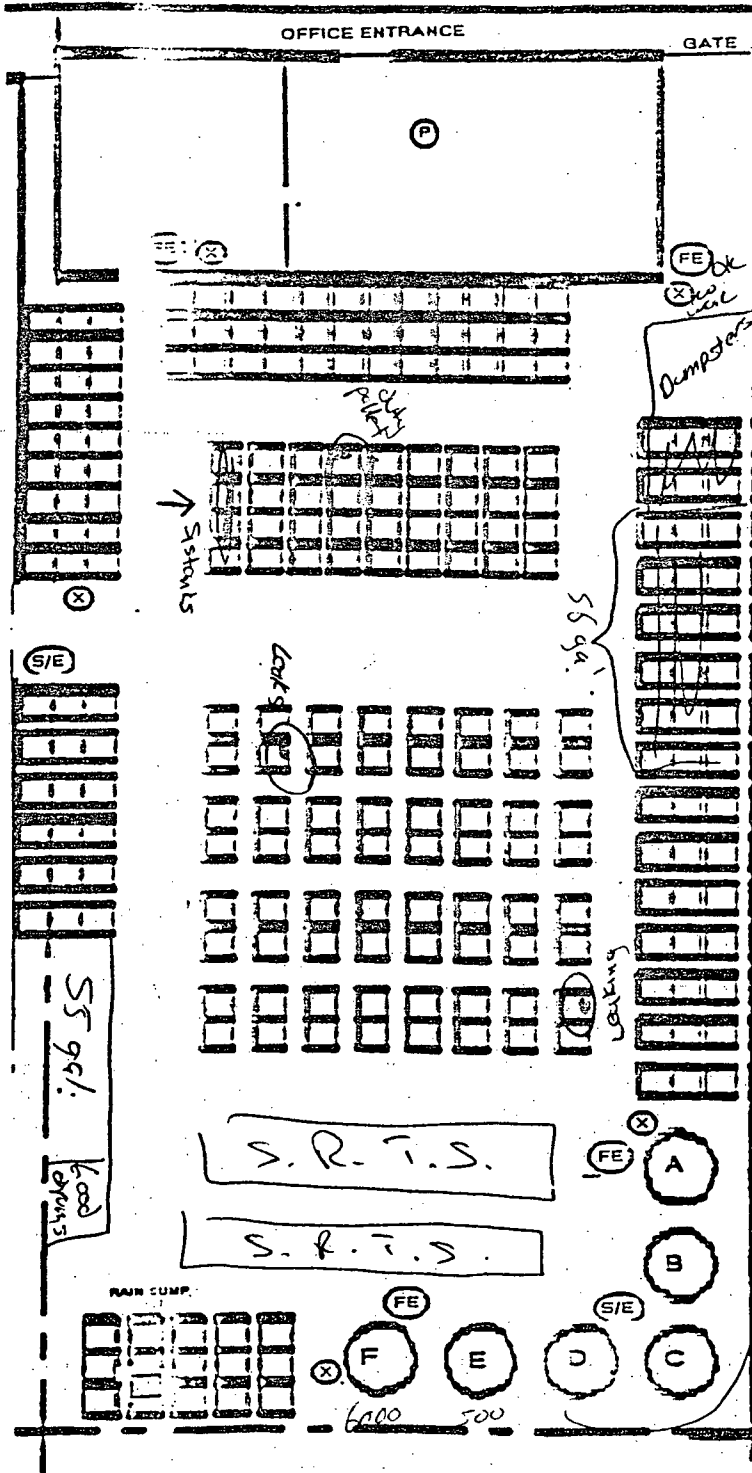


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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-8-91

INSPECTOR: Gilbert Salazar

SUPERVISOR: JF

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

need more lights in Laboratory

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
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Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

There is corrosion on top of
Tank #11

Waste Storage Tank	Waste Type	Volume/Amount
1	Flam waste	4800
2	" "	4800
3	" "	4800
4	" "	4800
5	Flam waste	4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	mud	200
D	mud	150
E	mud	200
F	H ₂ O	7500

Comments:

Process Tanks Material Type Stored

Volume/Amount

THE IMAGE AREA MAY BE LESS CLEAR
THAN THIS NOTICE DUE TO THE
QUALITY OF THE ORIGINAL DOCUMENT

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SUPPORT EQUIPMENT

Satisf _____ Unsatisf _____

Satisf	Unsatist
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97	97
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99	99
100	100

Oil Level

Air Filter indicator

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11-8-91

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flam	750
Fat Jack:	Flam	400
Craig		
Kirk	TF	400
Patrick		
Paul	TF	350
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

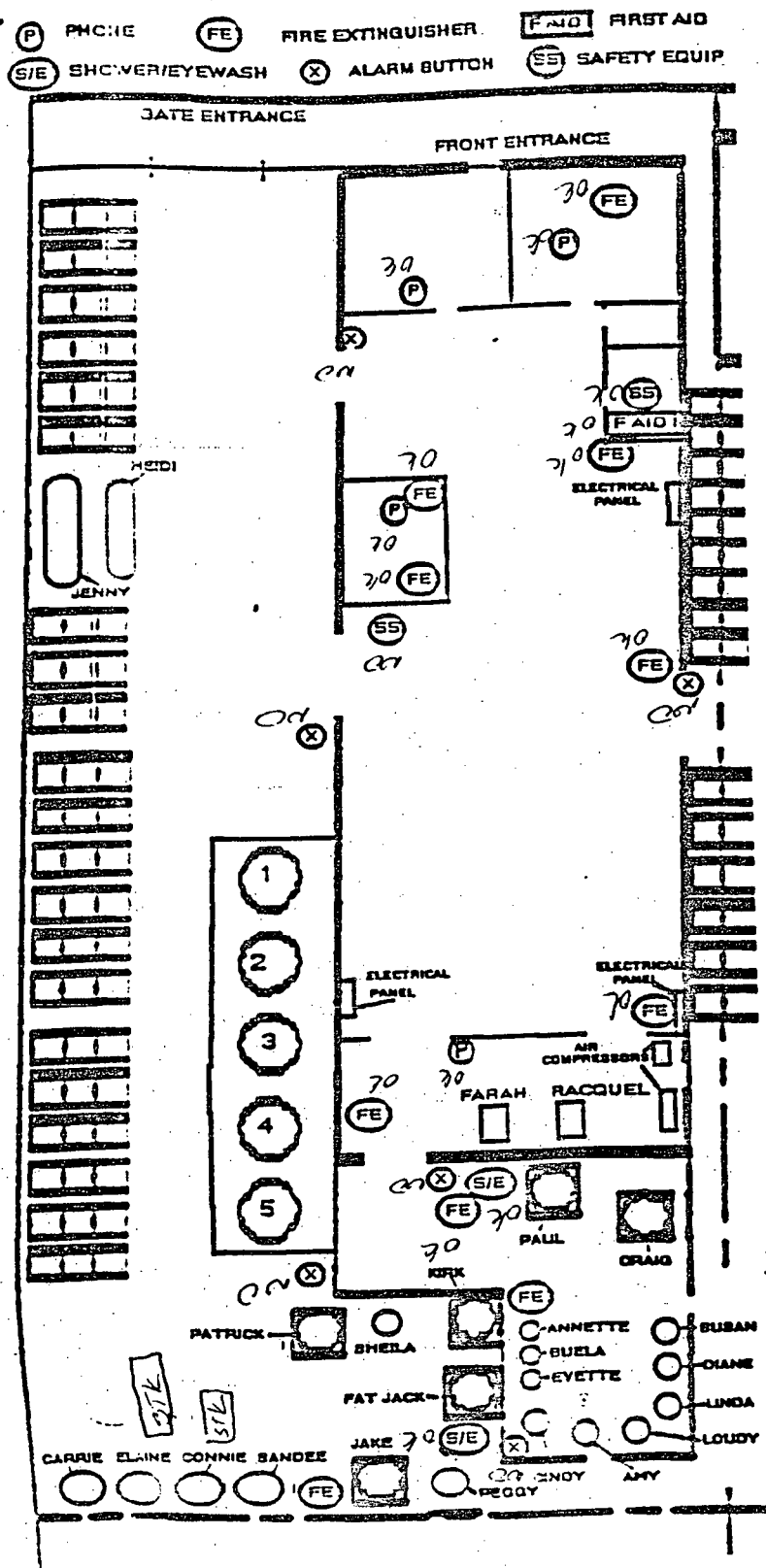
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: Gilbert S. Soman Date: 11-8-91 Time: 9:30 Am

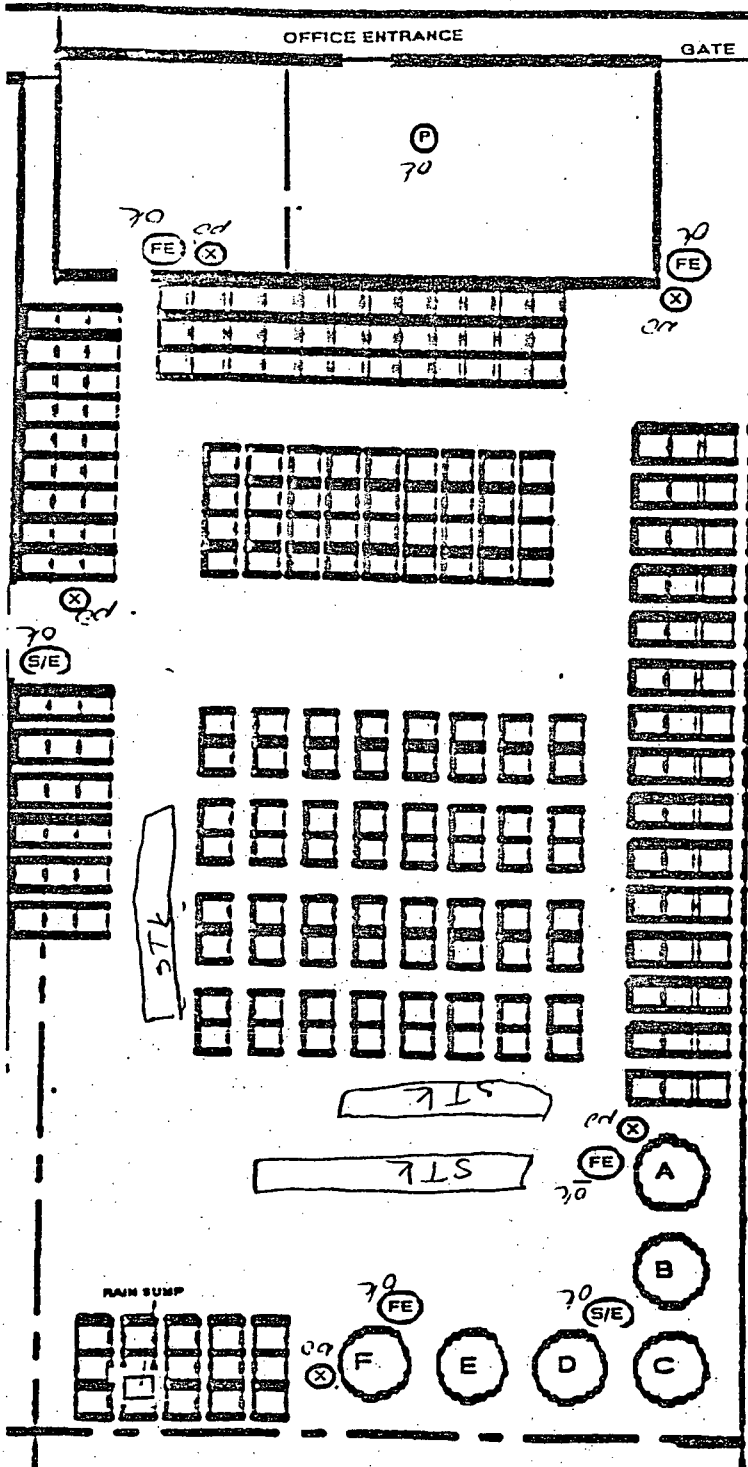


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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-7-91

INSPECTOR: Gilbert Solomon

SUPERVISOR: J.A.

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are there any soils in the loading and unloading area.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

COMMENTS:

need more lights

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak.
- Are the diked areas in good repair.

SAMPLING EQUIPMENT

- Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

- Are the hoses and pumps operable and available for emergency use.

ABSORBENT

- Is there enough absorbent for emergency use

RECOVERY CONTAINERS

- Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

- Is the first aid equipment complete and available for emergency use.
- Are there any supplies need to be ordered.
- Are the Fire Blankets available for use

Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Satisf	Unsatisf
✓	
✓	
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tank #1 Has corrosion on top

Waste Storage Tank	Waste Type	Volume/Amount
1	Flammable waste	4800
2	"	"
3	"	"
4	"	"
5	"	"

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C	meth	200
D	meth	150
E	meth	200
F	meth	7500

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____

INSPECTOR: _____

SUPERVISOR: _____

Sandee		
Connie	Still Bottoms	2000
Elaine		
Came	AAD Perc	1700
Shiela	Flame	400
Peggy	Flame	750
Amy	Acetone	300
Cindy	TF-HLD	300
Amy	Acetone	300
Linda	Flex	150
Loudy	HI	250
Diane	Still Bottoms	400
Susan	Libr	325
Farran	TF TF	45
Racquel		
Annette		
Everte		
Buela		
Jenny		
Heidi		

Comments: _____

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: _____ INSPECTOR: _____ SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flam	750
Fat Jack	Flam	400
Craig		
Kirk	TE	400
Patrick		
Paul	TE	350
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

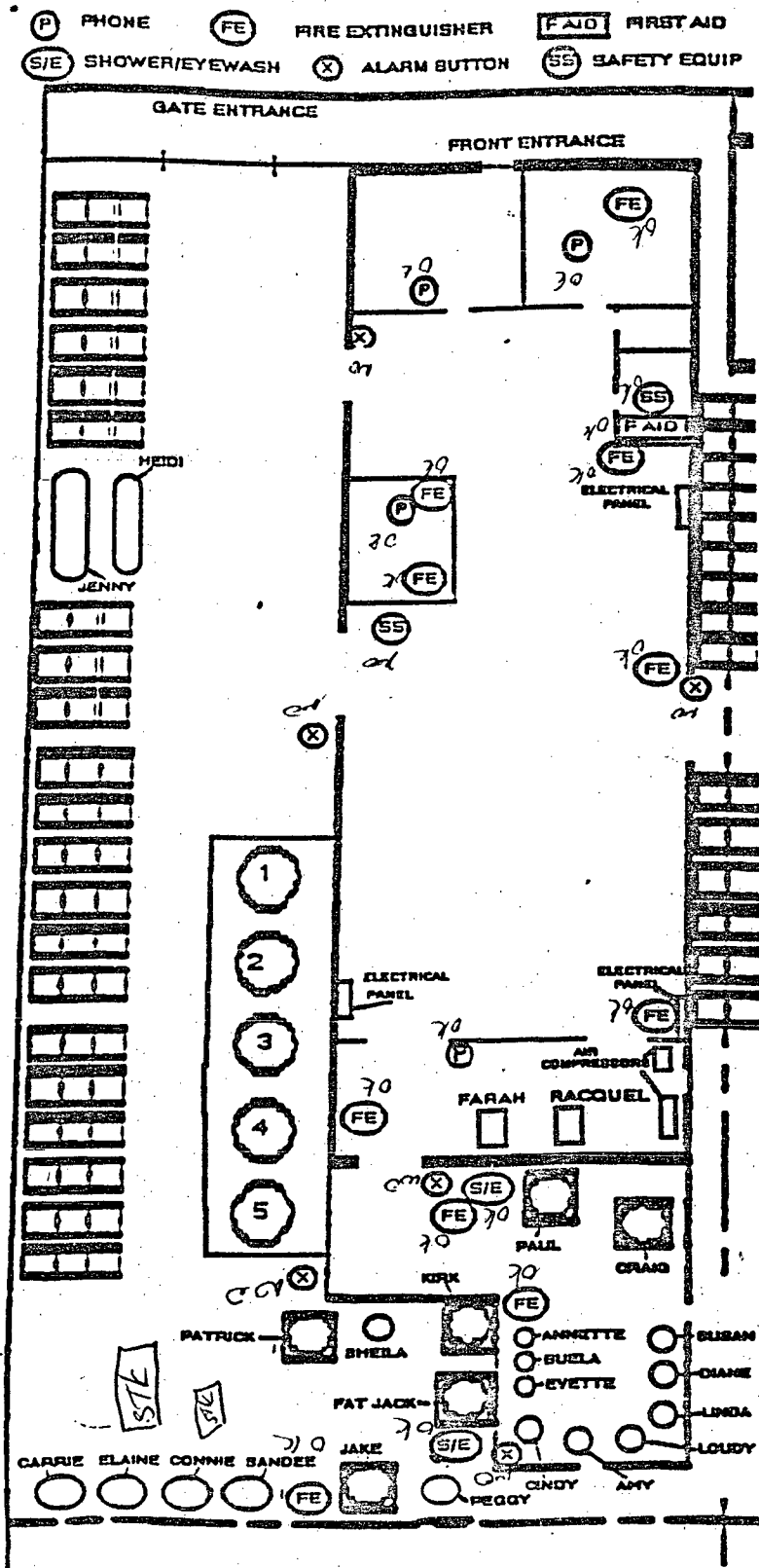
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: [Signature] Date: 11-7-91 Time: 12:00 Noon

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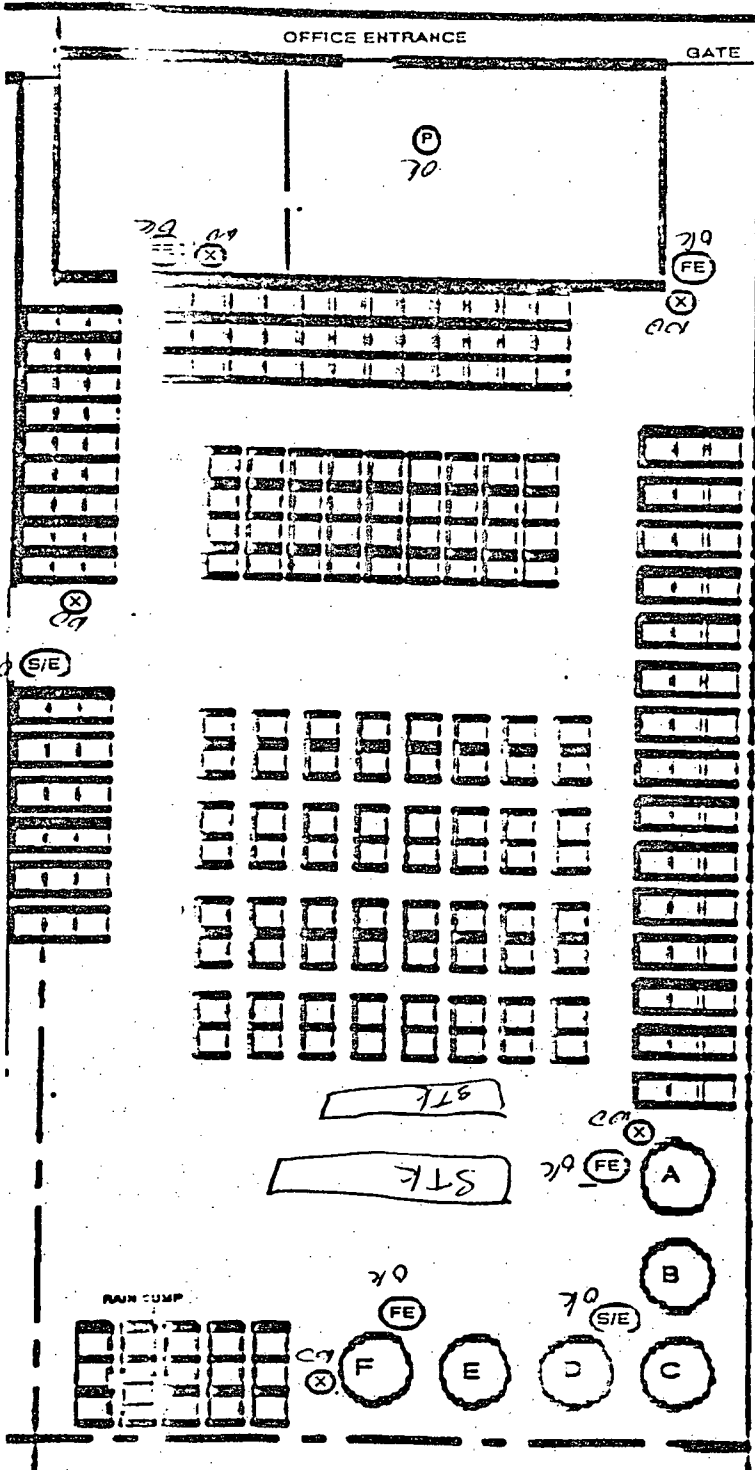
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 10-6-91

INSPECTOR: Juan del Real

SUPERVISOR: CS

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf	Unsatisf
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Need Hydrometers and Siphon Pumps.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Need to order some more

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-6-91 INSPECTOR: James H. Reed SUPERVISOR: G.S.

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Are the Yellow Rain/Spill Suits available and working order.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

Comments:

Emergency System out of order

No Walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Crack in the dock on the ground

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-6-91 INSPECTOR: Juan del Real SUPERVISOR: S.S.

TANKS

- On the plot map of the facility mark the locations of tanks that are the following:
- Identify any tanks that are leaking.
 - Identify any tanks that are improperly labeled.
 - Do all tanks have their identification name and placards displayed.
 - Check all tanks for corrosion.
 - Are there any spills in the containment area of the tanks.
 - Check all valving and pipes for leaks.
 - Are the hoses stored in a proper manner.
 - Are the hoses and couplings in proper working order.
 - Volume and identity of material in tanks is posted and correct.
- Comments:

Satisf	Unsatisf
✓	
✓	
✓	
✓	
✓	
✓	
✓	
✓	

Waste Storage Tank	Waste Type	Volume/Amount
1	Flam waste	4800
2	" "	4800
3	" "	4800
4	" "	4800
5	" "	4700

Comments:

Product Tank	Material Stored Type	Volume/Amount
A		
B		
C		
D		
E		
F	etch water	7500

Comments:

Process Tanks Material Type Stored

Volume/Amount

OR

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2457

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-6-91

INSPECTOR: JUAN DEL REAL

SUPERVISOR: GS

Sandee	Empty	
Connie	Still Bottoms	1800 gals
Elaine	Empty	
Carrie	AAD PERC	1700 gals
Shiela	Empty	
Peggy	Flam waste	600 gals
Amy	ACETONE	300 gals
Cindy	H ₂ O + Alcohol	150 gals
Amy		
Linda	1,1,1,	250 gals
Loudy	FLEX	150 gals
Diane	Still Bottoms	350 gal
Susan	Lit. Bromide	400 gal
Farran	TF 99.7%	70 gal
Racquel	Empty	
Annette	R-11	1/4 Full
Everte	R-11	1/2 Full
Buela	Empty	
Jenny	Empty	
Heidi	Empty	

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
✓	
✓	
Satisf	Unsatisf
✓	
✓	
✓	
✓	

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-6-91 INSPECTOR: Juan del Real SUPERVISOR: G.S

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake		
Fat Jac:		
Craig		
Kirk		
Patrick		
Paul	TF TP35	250 gals
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Need c-10 seals for the recycle pumps.

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

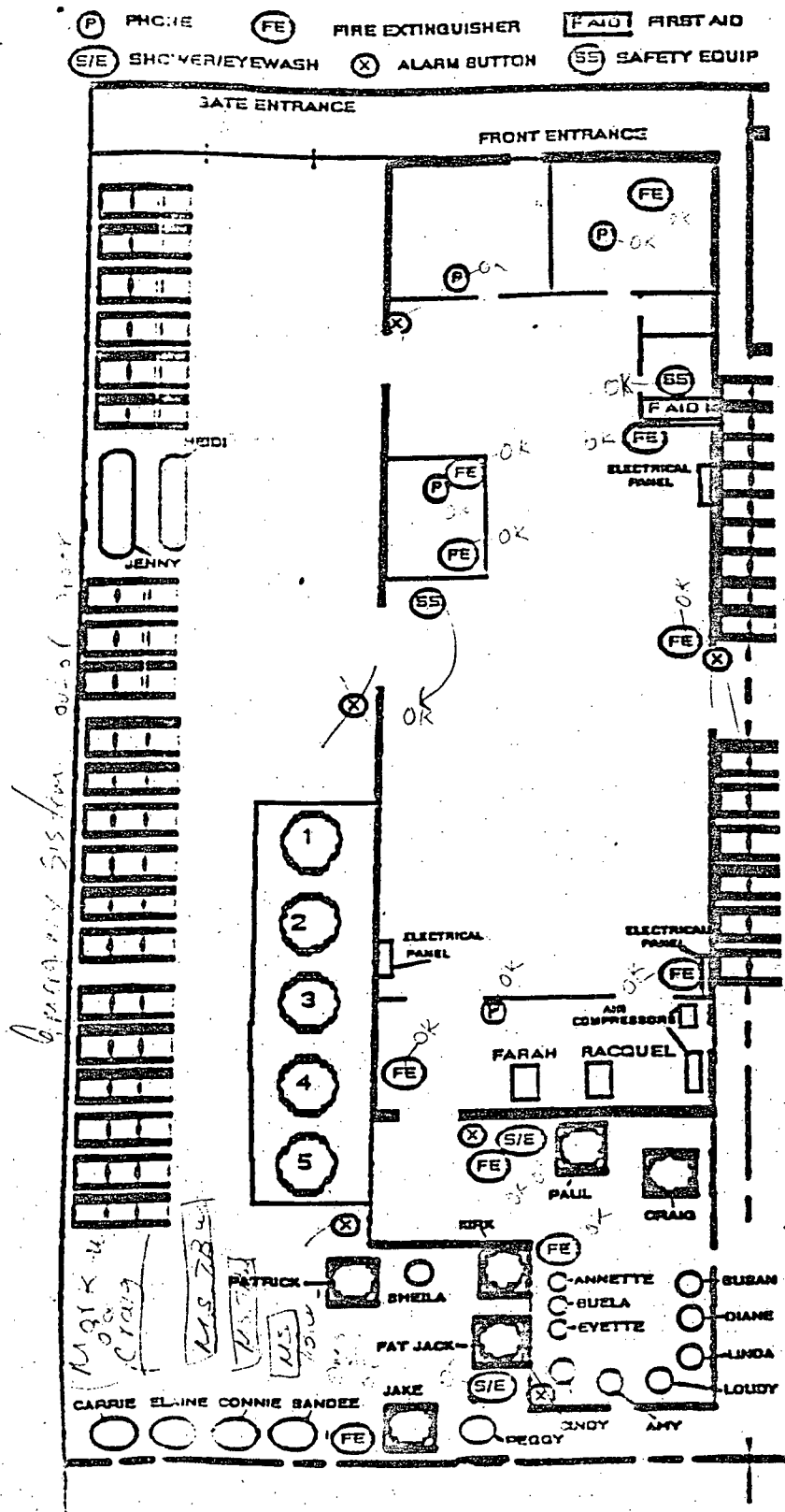
Supervisor: _____ Date: _____ Time: _____

THE IMAGE AREA MAY BE LESS CLEAR
THAN THIS NOTICE DUE TO THE
QUALITY OF THE ORIGINAL DOCUMENT

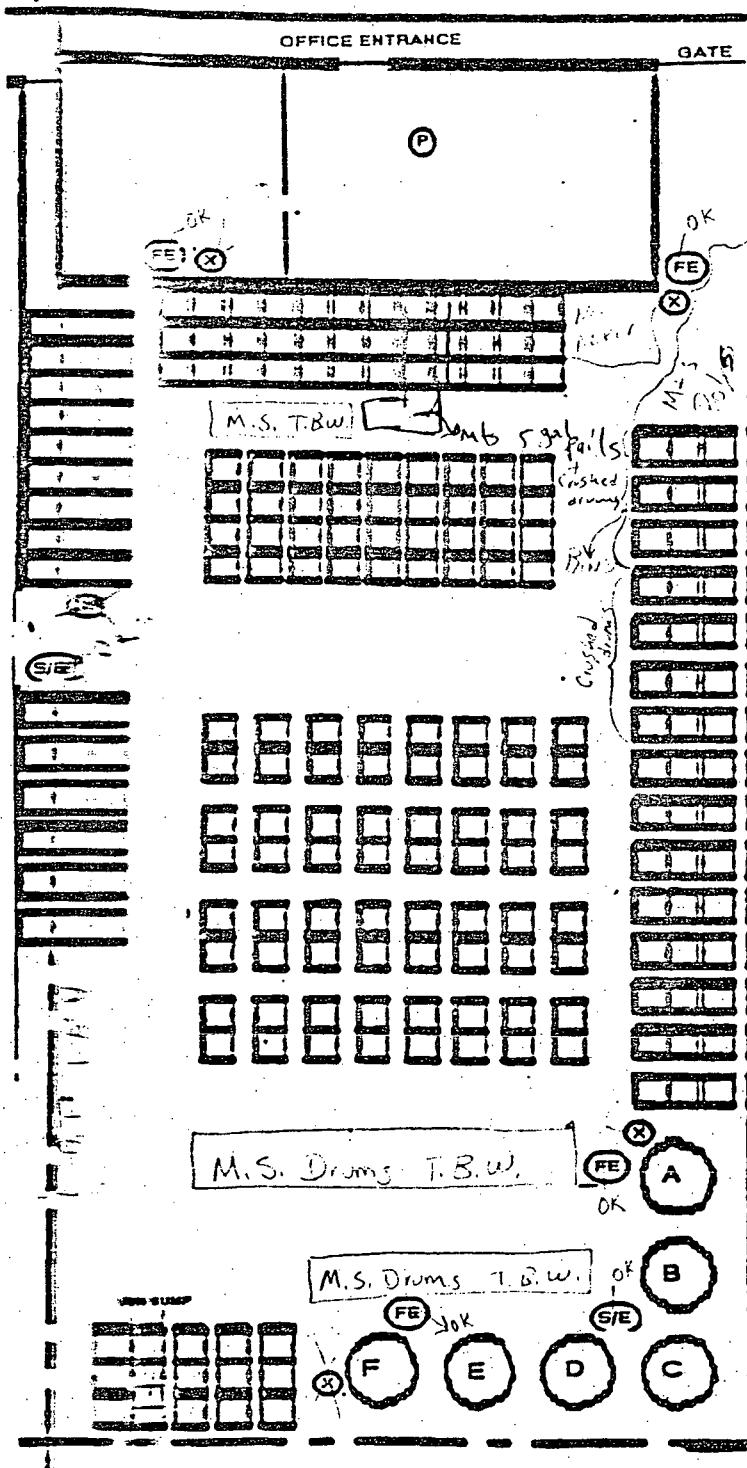
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-5-91

INSPECTOR: Juan del Real

SUPERVISOR: G. S.

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf	Unsatisf
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any soils in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak .

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT -F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

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Satisf Unsatisf

<input type="checkbox"/>	<input type="checkbox"/>
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Satisf Unsatisf

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-5-91 INSPECTOR: Joan del Real SUPERVISOR: _____

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Emergency system out of order

No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

OR

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-5-91 INSPECTOR: Juan del Real SUPERVISOR: _____

TANKS

- On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf
- Identify any tanks that are leaking.
- Identify any tanks that are improperly labeled.
- Do all tanks have their identification name and placards displayed.
- Check all tanks for corrosion.
- Are there any spills in the containment area of the tanks.
- Check all valving and pipes for leaks.
- Are the hoses stored in a proper manner.
- Are the hoses and couplings in proper working order.
- Volume and identity of material in tanks is posted and correct.
- Comments:

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Waste Storage Tank	Waste Type	Volume/Amount
1	FIAM WASTE	4800 gals
2	FIAM WASTE	4800 "
3	FIAM WASTE	4800 "
4	FIAM WASTE	4800 "
5	FIAM WASTE	300 "

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	Empty	
B	Empty	
C	Rain H ₂ O	1500
D	water	3500
E	oil + water	1000
F	Etch H ₂ O	7500

Comments:

Process Tanks	Material Type Stored	Volume/Amount
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 12-5-91 INSPECTOR: Lucia del Real SUPERVISOR:

Sandee	Empty	
Connie	Still Bottoms	2000
Elaine	Empty	
Came	AND PERC	1700
Shiela	MT	
Peggy	Flam. WASTE	6000
Amy	ACETONE	300
Cindy	H ₂ O/Alcohol	150
Amy		
Linda	l.l.l	250
Loudy	FLEX	30
Diane	Still Bottoms	350
Susan	Lit. Bromide	400
Farran	99% 7% 1%	TF
Racquel		
Annette	R-11	1/2 Full
Everte	R-11	1/2 Full
Buela	MT	
Jenny	MT	
Heidi	MT	

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-5-91 INSPECTOR: Juan del Real SUPERVISOR: G.S.

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	OFF	
Fat Jack	OFF	
Craig	OFF	
Kirk	OFF	
Patrick		
Paul	TF/MC/1,1,1	300
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Need seals 1-10 for Kirks recycle pump.

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

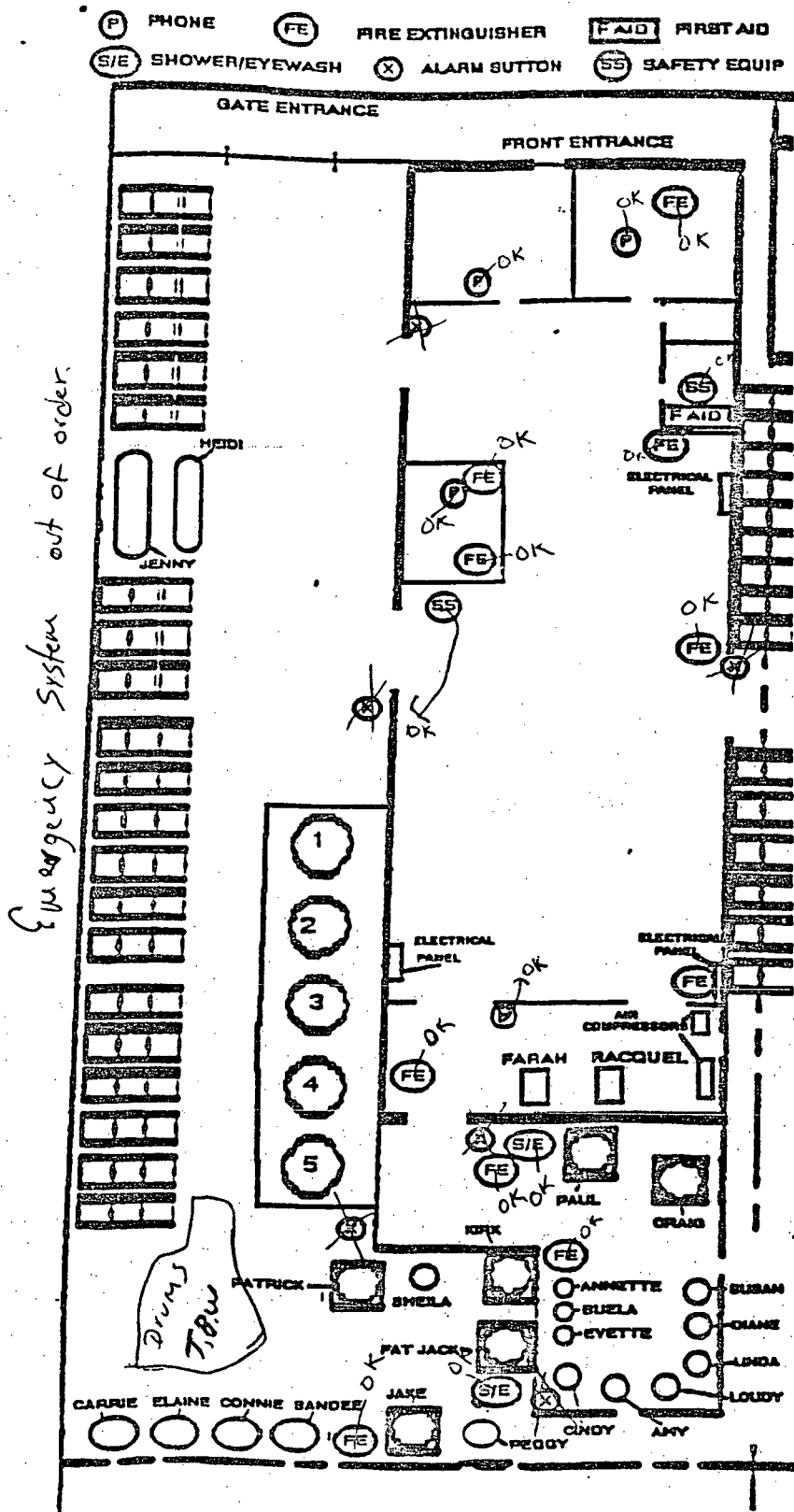
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

OR

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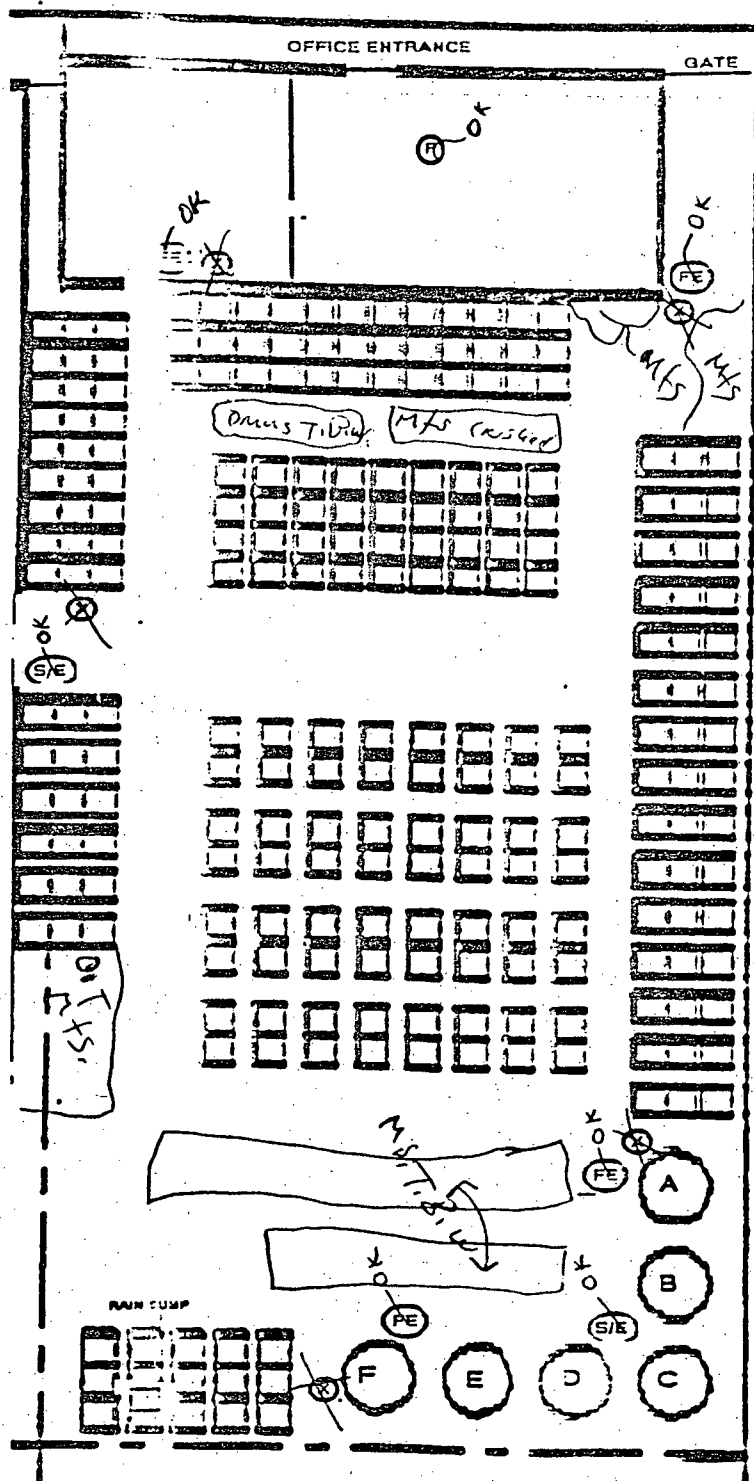
03-1-70



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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-4-91

INSPECTOR: Leonel Estrada

SUPERVISOR: _____

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

lights by 5000 gal.
there are spills on the diked area
we need gaskets and more absorbent

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT -F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satisf. Unsatisf.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satisf. Unsatisf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-4-91 INSPECTOR: Leonel Estrada SUPERVISOR:

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Are the Yellow Rain/Spill Suits available and working order.

Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

The oxygen apparatus for emergency is gone
The Shower by MT AREA is leaking the emergency
systems is down. No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-4-91 INSPECTOR: Leonel Estroff SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
—	—
—	—
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Diane is leaking. tank #1 is leaking and has a
corrosion on the top. the pipe of the tank #4 leak

Waste Storage Tank	Waste Type	Volume/Amount
1	Flammable liq	Full
2	"	"
3	"	"
4	"	"
5	MT	MT

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	Rain water	1700
D	water	3500
E	OSL	1000
F	water & ch	7000

Comments:

Process Tanks Material Type Stored

Volume/Amount

OR

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2400

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-4-91 INSPECTOR: Leavel E. TREAD SUPERVISOR: _____

Sandee	MT	MT
Connie	Still bottoms	2000
Elaire	MT	MT
Came	ADD DEEC	1700
Shiela	MT	MT
Peggy	Flamm. liq.	650
Amy	Acetone	300
Cindy	TF	300
Amy	_____	_____
Linda	1. 1. 1.	380
Loudy	TF - Water	20
Diane	Still bottoms	380
Susan	L.A. bro.	Full
Farran	_____	_____
Racquel	_____	_____
Annette	R-11	Full
Eventa	R-11	1/3
Buela	?	
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

OR

04

25007

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-4-91 INSPECTOR: Leonel Esten SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<u>Flamm. liq.</u>	
Fat Jack		
Craig		
Kirk		
Patrick		
Paul		
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

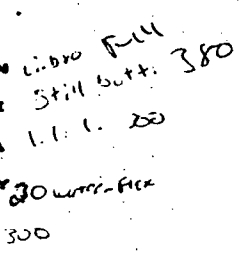
ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

2403



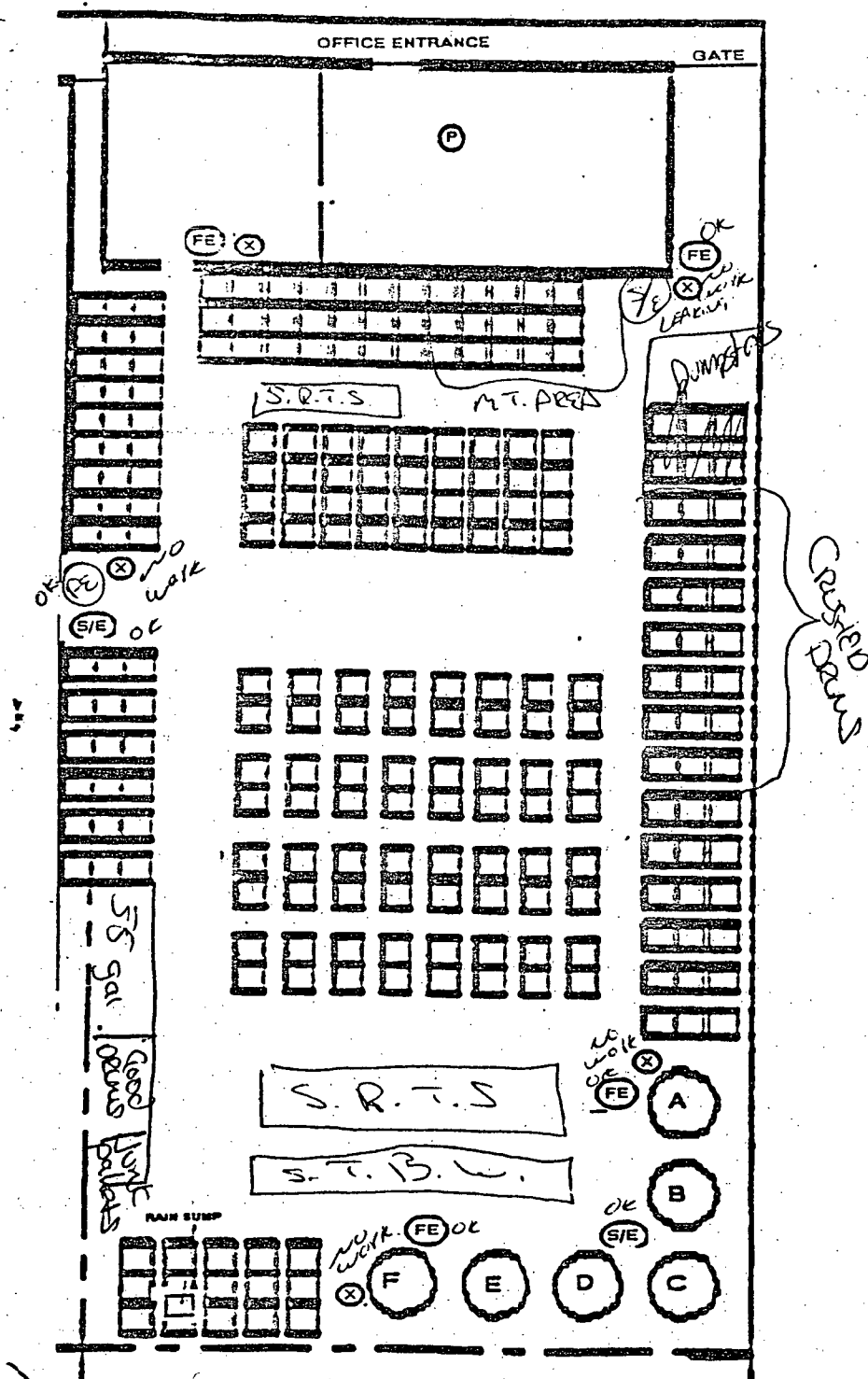
THE IMAGE AREA MAY BE LESS CLEAR
THAN THIS NOTICE DUE TO THE
QUALITY OF THE ORIGINAL DOCUMENT

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-3-91 INSPECTOR: Seamus E. STROM SUPERVISOR: _____

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Lights by 5000 gal.
Gaskets
Safety Pumps

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak .
- Are the diked areas in good repair.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

SAMPLING EQUIPMENT

- Is there adequate sampling equipment.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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SPILL EQUIPMENT

AIR PUMPS

- Are the hoses and pumps operable and available for emergency use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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ABSORBENT

- Is there enough absorbent for emergency use

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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RECOVERY CONTAINERS

- Is there an adequate supply

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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SAFETY EQUIPMENT

FIRST AID EQUIPMENT -F AID denotes location on plot map.

- Is the first aid equipment complete and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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- Are there any supplies need to be ordered.

- Are the Fire Blankets available for use

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-3-91 INSPECTOR: Leonel Estrogon SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

None is leaking. Tank #1 is leaking and
has a corrosion on the top.

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm. liq	Full
2		Full
3		Full
4		4000
5		Full

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	Water Pain	1700
D	Water	3500
E	OSL	1000
F	Water etch	7000

Comments:

Process Tanks Material Type Stored

Volume/Amount

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-3-91 INSPECTOR: Leonel Estrada SUPERVISOR: _____

Sandee	MT	MT
Connie	Still bottoms	2000
Elaine	MT	MT
Carrie	ADD PERC	1600
Shiela	George Ind	300
Peggy	Flamm. liq	650
Amy	Acetone	300
Cindy	TF	300
Amy	—	—
Linda	L.I.L.	250
Loudy	FLEX	250
Diane	Still bottoms (leak)	350
Susan	Lx. bro.	Full
Farran	—	—
Racquel	—	—
Annette	R-11	Full
Everta	R-11	1/3
Buela	}	/
Jenny	}	/
Heidi	}	/

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-3-91 INSPECTOR: Leonel Estenro SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	Flamm. liq	
Fat Jack	George Ind	
Craig		
Kirk		
Patrick		
Paul	TF/LB	
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

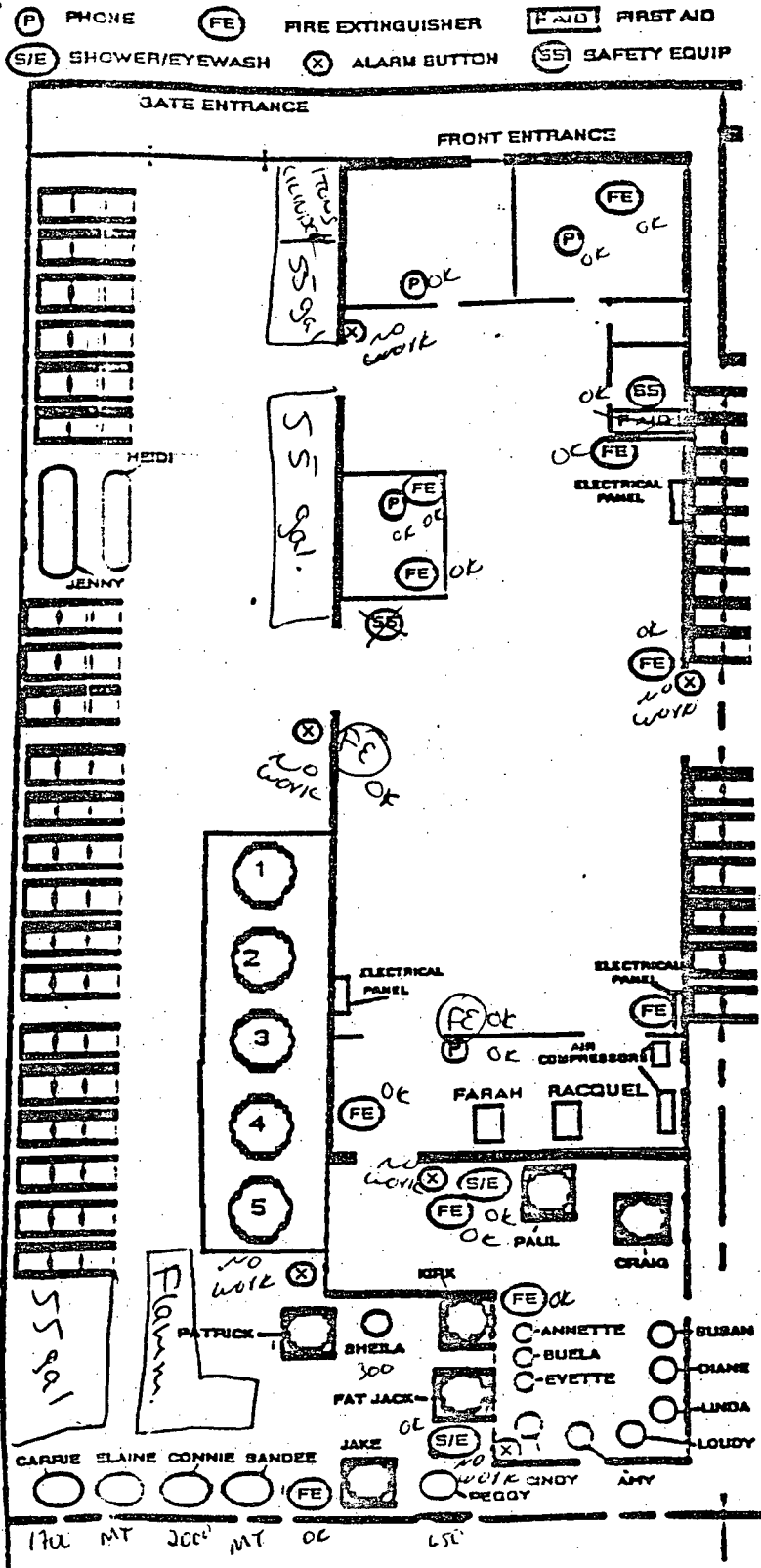
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

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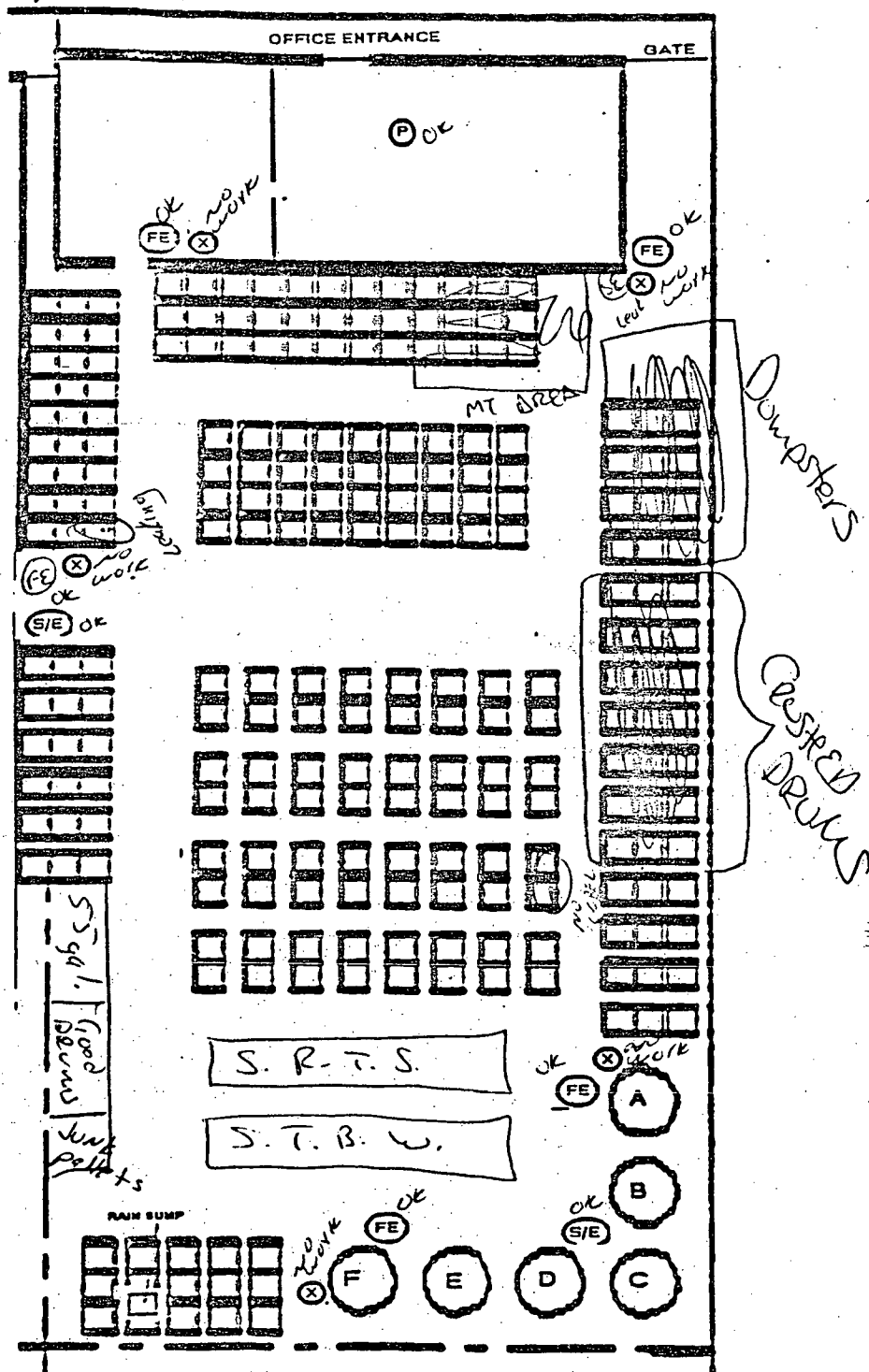
250700



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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-2-91

INSPECTOR: Lancel ESTROM

SUPERVISOR:

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING - LM; LABELS OUT OF DATE - LOD; GENERAL FACILITY

	Satisf.	Unsatisf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

lights by 5000 gal.
gaskets and safety pumps.
Emergency Oxygen Apparatus

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

Are there any residual waste and or spills in the diked areas.

Could any of the diked areas leak.

Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-2-91 INSPECTOR: Leonel ESPRADA SUPERVISOR: _____

- FIRE EXTINGUISHERS- FE denotes placement on plot map
- Are all the extinguishers operable- mark those that are okay.
- Are all the extinguishers within service date.
- Are all areas surrounding extinguishers clear and signs visible.
- Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

- Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

- Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

- Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

- Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

- Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

- Are the Rubber Boots available and working order
- Are the Yellow Rain/Spill Suits available and working order.
- Is there an adequate supply of emergency protective equipment.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Emergency oxygen apparatus is gone, the shower
by MT AREA is leaking, the emergency systems
is down. No walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

- Identify any containers without labels.
- Identify any containers labels show out of date for storage
- Identify any containers that are or could leak - LK
- Are there any containers swelling or heavily corroded.
- Identify any containers stacked improperly - STK
- Verify that there is adequate aisle space between container rows
- Are there any non Omega labeled waste in an improper Area
- Is any flammable waste stored within 25 feet of the property line. F
- Is any flammable waste stored in an improper area.
- Are any corrosive waste and flammable waste stored in an incompatible manner.
- Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Check Map

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-2-91 INSPECTOR: Leonel Esteym SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following:

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatf

~~Leak~~ DUNE is leaking tank #1 is leaking
and has a corrosion on the top.

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm liq	4800
2		4800
3		4800
4		1000
5		4800

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	Raw Water	2000
D	Water	3500
E	OSL	1000
F	Water Etch	7000

Comments:

Process Tanks Material Type Stored Volume/Amount

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-7-91 INSPECTOR: Leonel E. Green SUPERVISOR: _____

Sandee	MT	MT
Connie	Still bottoms	2000
Elaine	MT	MT
Came	ADD PERC	1600
Shiela	George Ind	500
Peggy	Flamm liq	650
Amy	Acetone	300
Cindy	TF	300
Amy	_____	_____
Linda	l.l.l.	250
Loudy	ELSV	250
Diane	Still bottoms (leak)	350
Susan	lie bro	Full
Farran	_____	_____
Racquel	_____	_____
Annette	R-11	Full
Everte	R-11	1/3
Buela	_____	_____
Jenny	_____	_____
Heidi	_____	_____

Comments:

SUPPORT EQUIPMENT BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-2-91 INSPECTOR: Leonel Esteada SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following:

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<u>Flammable liq</u>	
Fat Jack	<u>Charging</u>	
Craig		
Kirk		
Patrick		
Paul	<u>TF/LR</u>	
1		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.
Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

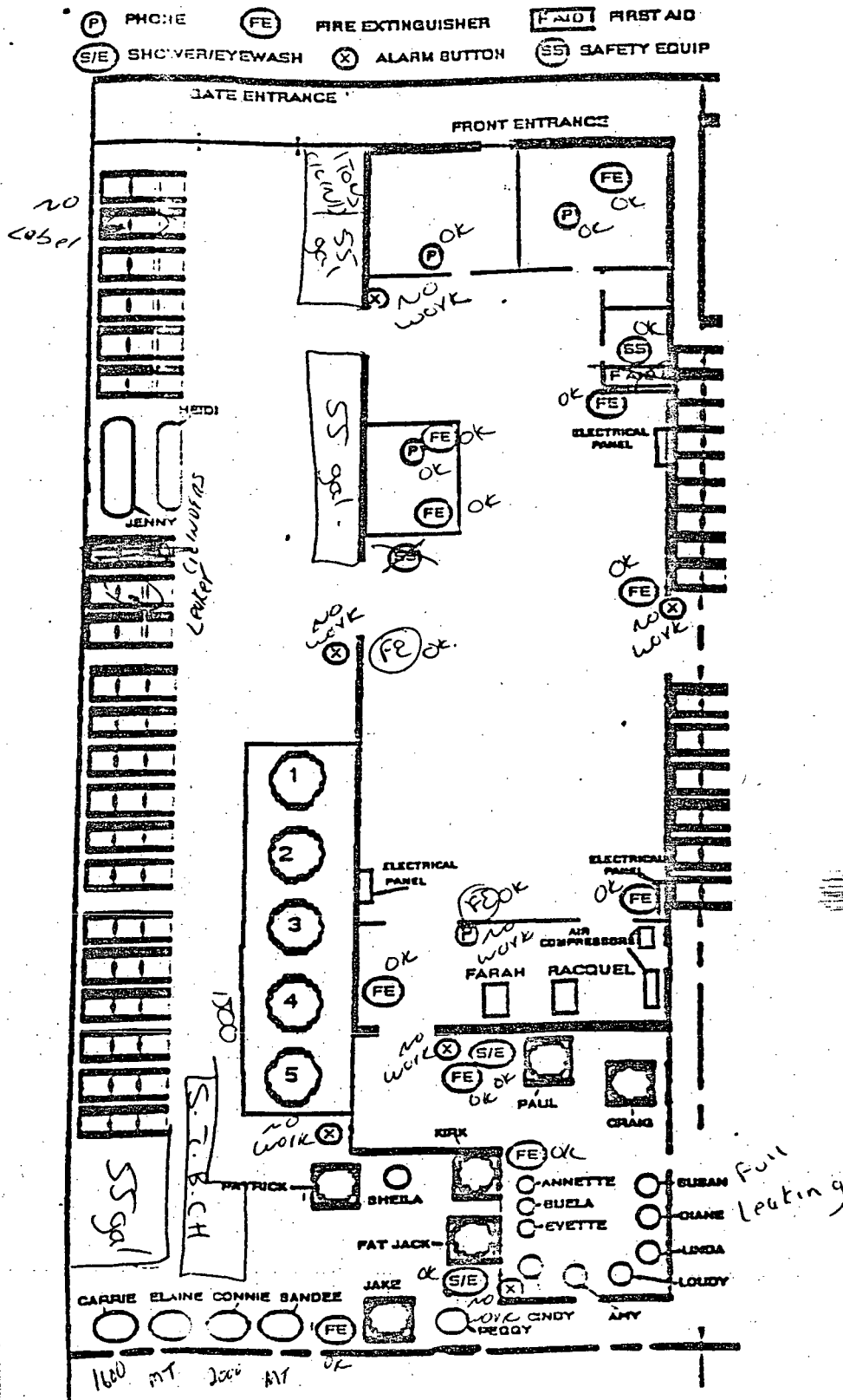
Are there are areas or things that can be done to improve safety.
Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____

OR

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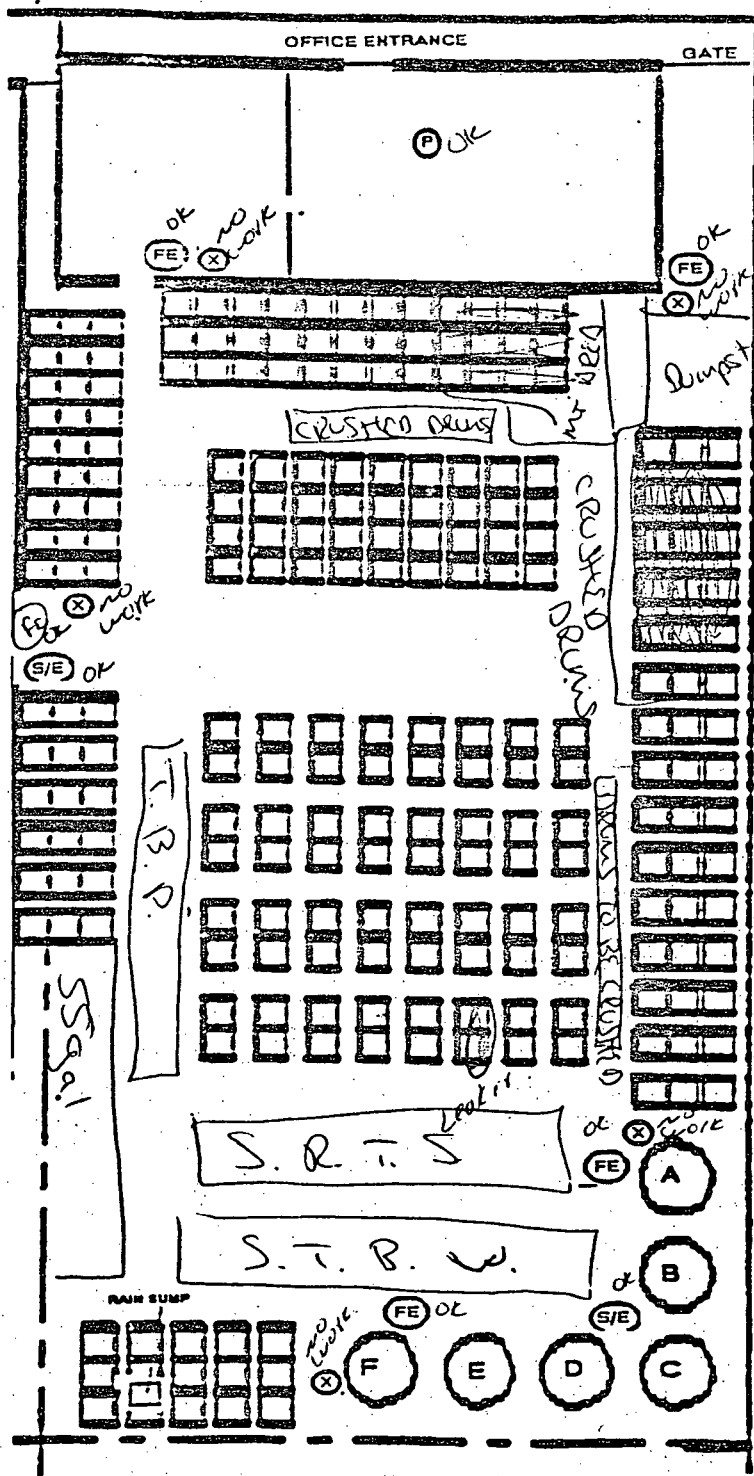
27-07-77



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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-1-91

INSPECTOR: Leonard Estroff

SUPERVISOR: JW

ATTACHED TO THIS INSPECTION FORM IS A PLOT LAYOUT. PLEASE MARK ON THE PLOT LAYOUT LOCATIONS WHERE YOU FIND: LEAKS - L; SPILLS - S; LABELS MISSING- LM; LABELS OUT OF DATE- LOD; GENERAL FACILITY

	Satf.	Unsatf.
Are all entrances and gates closed or controlled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any trash or equipment (gloves) unattended or in wrong location.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the operational personnel properly attired and protected.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do any operation personnel have defective safety equipment-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Respirators	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Safety Glasses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gloves	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all the tools and equipment in the proper area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are any aisles blocked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All warning signs are in place and visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all outdoor and indoor lights in working order.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are all fences have warning signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are all fences in good order	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any accumulation of water in any sumps (greater than one inch)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there any spills in the loading and unloading area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Lights by 5000 gal.
we need gaskets and
Safety Pumps

DIKES

On the accompanying plot map of the facility mark the locations of any dikes that are the following:

- Are there any residual waste and or spills in the diked areas.
- Could any of the diked areas leak.
- Are the diked areas in good repair.

SAMPLING EQUIPMENT

Is there adequate sampling equipment.

SPILL EQUIPMENT

AIR PUMPS

Are the hoses and pumps operable and available for emergency use

ABSORBENT

Is there enough absorbent for emergency use

RECOVERY CONTAINERS

Is there an adequate supply

SAFETY EQUIPMENT

FIRST AID EQUIPMENT - F AID denotes location on plot map.

Is the first aid equipment complete and available for emergency use.

Are there any supplies need to be ordered.

Are the Fire Blankets available for use

Satf. Unsatf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Satf. Unsatf.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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Satf. Unsatf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satf. Unsatf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satf. Unsatf.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Satf. Unsatf.

<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-1-91 INSPECTOR: Leonel E. Egan SUPERVISOR:

FIRE EXTINGUISHERS- FE denotes placement on plot map

Are all the extinguishers operable- mark those that are okay.

Are all the extinguishers within service date.

Are all areas surrounding extinguishers clear and signs visible.

Are all extinguishers mounted properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

EMERGENCY OXYGEN APPARATUS

Is the oxygen equipment operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EYE WASH AND SHOWERS are denoted by S/E on plot map

Are all the eyewash and shower stations operable and available for emergency use.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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EMERGENCY WARNING BUTTONS- X denotes buttons on plot map

Is the emergency warning system operable and available for emergency use.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY AIR MASKS

Are the air masks available for use and stored properly.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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WALKIE TALKIES

Are they all in operable condition.

Satisf Unsatisf

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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EMERGENCY PERSONNEL EQUIPMENT

Are the Rubber Boots available and working order

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Are the Yellow Rain/Spill Suits available and working order.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Is there an adequate supply of emergency protective equipment.

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

The emergency oxygen is gone. the emergency
systems is down. no walkie talkies

CONTAINERS

On the accompanying plot map of the facility, mark the locations of any containers that are the following:

Identify any containers without labels.

Identify any containers labels show out of date for storage

Identify any containers that are or could leak - LK

Are there any containers swelling or heavily corroded.

Identify any containers stacked improperly - STK

Verify that there is adequate aisle space between container rows

Are there any non Omega labeled waste in an improper Area

Is any flammable waste stored within 25 feet of the property line. F

Is any flammable waste stored in an improper area.

Are any corrosive waste and flammable waste stored in an incompatible manner.

Is there any secondary containment leaks or cracks in the cement.

Satisf Unsatisf

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Comments:

Check Map

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OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-1-91 INSPECTOR: Laurel Estrada SUPERVISOR: _____

TANKS

On the plot map of the facility mark the locations of tanks that are the following: Satisf Unsatisf

Identify any tanks that are leaking.

Identify any tanks that are improperly labeled.

Do all tanks have their identification name and placards displayed.

Check all tanks for corrosion.

Are there any spills in the containment area of the tanks.

Check all valving and pipes for leaks.

Are the hoses stored in a proper manner.

Are the hoses and couplings in proper working order.

Volume and identity of material in tanks is posted and correct.

Comments:

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tank #1 is leaking and has a corrosion
on the top.

Waste Storage Tank	Waste Type	Volume/Amount
1	Flamm liq	Rail
2		
3		
4		
5		

Comments:

Product Tank	Material Stored Type	Volume/Amount
A	MT	MT
B	MT	MT
C	Rain water	1500
D	water	3500
E	OSL	1000
F	water Etch.	7000

Comments:

Process Tanks Material Type Stored Volume/Amount

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R

0
4

25000

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-1-91 INSPECTOR: Lemuel Estrom SUPERVISOR:

Sandee	TF	1700
Connie	Still bottoms	2000
Elaine	MT	MT
Carrie	NOD PERC	1700
Shiela	MT	MT
Peggy	Flamm. liq.	650
Amy	Acetone	300
Cindy	TF	300
Amy	—	—
Linda	l.l.l.	l.l.l.
Loudy	FLEX	300
Diane	Still bottoms	350
Susan	l.c. bro	350
Farran	MT	MT
Racquel	MT	MT
Annette	R-11	FOU
Eventa	R-11	1/3
Buela	}	}
Jenny		
Heidi		

Comments:

SUPPORT EQUIPMENT

BOILER

Pressure Gauge (85 psig)

Temperature Gauge (325 °F)

AIR COMPRESSOR Monitor and Record

Line Pressure Gauge (120 psig)

Oil Level

Temperature Gauge (170 °F)

Air Filter Indicator

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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4

2
5
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0
7

OMEGA RECOVERY FACILITIES INSPECTION REPORT

DATE: 11-1-90 INSPECTOR: Leonel S. Torres SUPERVISOR: _____

PROCESSING EQUIPMENT

On the accompanying plot map of the facility mark the locations of any processing equipment that are the following;

UNIT	MATERIAL BEING PROCESSED	AMOUNT Being Processed
Jake	<u>Flamm. liq.</u>	
Fat Jack	<u> </u>	
Craig	<u> </u>	
Kirk	<u> </u>	
Patrick	<u> </u>	
Paul	<u>TR</u>	
I		

Are any pumps leaking or malfunctioning
Are all the units operating according to procedures
Is any equipment in need of repair.

Satisf	Unsatisf
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

All remedial action shall be documented showing:

1. What action was taken
2. When the action was taken.
3. Who performed the remedial action.

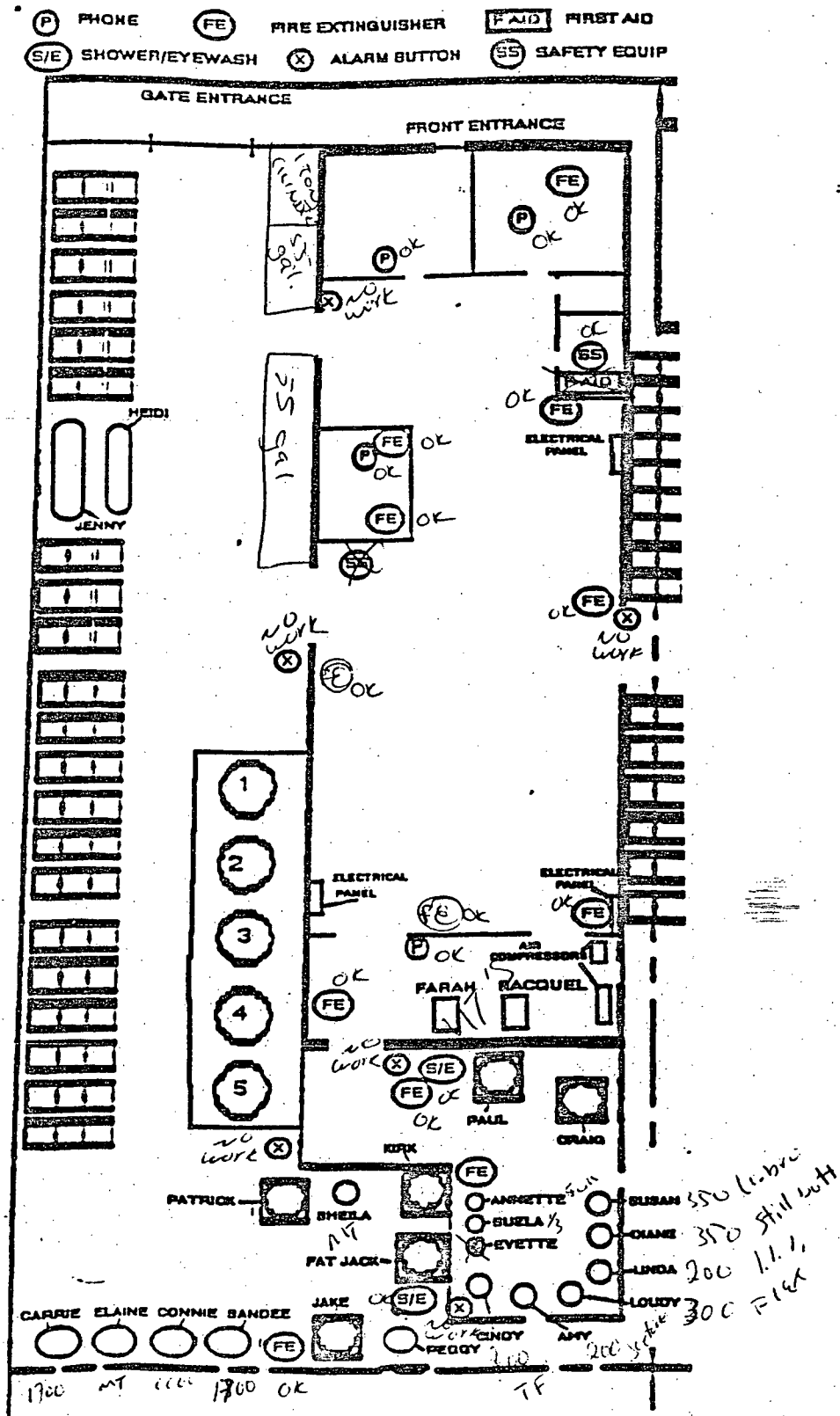
INSPECTOR MUST REPORT REMEDIAL ACTION REQUIRED:

ACTIONS TAKEN TO CORRECT IDENTIFIED PROBLEMS:

Are there are areas or things that can be done to improve safety.

Remedial actions taken have corrected and reviewed by Supervisor and accepted as being completed:

Supervisor: _____ Date: _____ Time: _____



OR

04

250007

